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ART. I.—*Advice to Life Insurance Companies.* By J. HENRY CLARK, M. D., Newark, N. J.

IT is a rule of universal application that whatever is valuable must be procured at some cost. Gratuitous medical service is seldom as valuable—unless conscientiously rendered to a poor patient by his physician—as service for which adequate compensation is given. Life insurance companies are risking thousands of dollars upon lives that would find no underwriters if a different course was pursued. No one knows as much of the applying party as his physician. If he is competent and conscientious, the company need no other opinion, if that opinion was obtained in the best manner. By the present method, Mr. B. comes into my office in a hurry one morning, and says, "Here, Doctor, I have taken a fancy to have my life insured, what do you think of it?" Of course I reply that I think it a good plan —perhaps I think it an excellent plan for his wife, but a bad one for the company—but I do not say so. Mr. B. goes on, "There, Doctor, is a paper all ready except your signature; this is required as a matter of form; just sign it, will you?" I say, "Leave it, and I will have it ready." He is gone. I turn to it. He pays me very poorly, perhaps he will never pay; but I cannot afford to offend him; perhaps he will pay me a single dollar if I *please him* by helping him carry out his views. He is *my employer;* the company ask nothing of me; they have a competent physician in their employ; it matters very little what *I think*, but they have a habit of leaving a blank to be filled by the family

physician. If their own physician assumes the risk, why should I differ from him?

I turn reluctantly to the paper with the feeling that I am not employed by the party that I really am to serve, and that my services are by them really undervalued and degraded. All professional men are sensitive in all that relates to their profession.

I find the question, "How long have you been acquainted with Mr. B.?" "Well, I have known him many years." It is easy to write a figure off against that question. I am next asked, "Has the party's family, to your knowledge, been affected with pulmonary complaints, or any other disease that tends to shorten life?" Here rushes into my mind many a sad scene, a tale which repeated examinations have elicited. I am sure that I never regarded Mr. B. as likely to live to a considerable age; his antecedents and his ailments always forced upon me the conviction that I should soon be called to attend him in his last illness. What shall I do? I never told him this, it never was, nor is it now for my interest to do so. But a company asks me to do it without pay, a company to whom I am under no kind of obligation. No, I will not remember, it is for my interest to forget.

Indeed I am not certain that I may not have forgotten, or may be mistaken; then comes in Mr. B. for this paper. Well, I write "Don't know." Then follows a long list of diseases; I am required not to find his disease among the list, and determine to be a "know-nothing." I run over the list. No word *exactly describes* his case, or if it does I can't afford to offend him, so here it goes, "Don't know." Well, next, "Has he any organic disease, or is any suspected?" Fortunately, I have not put my ear to his chest lately, and I won't do so now; so without regard to many facts, I write "Don't know."

Having reached so far, I must keep on. The questions "Has he any hereditary predisposition to disease? Do you believe that he is now in good health? Are you aware of any peculiar circumstance tending to shorten life?" are before me; some kind of answer must be written. Well, can I be a know-nothing any more? I am aware of several *peculiar* circumstances in his case, and some very unpleasant things in his antecedent history; but the first was obtained through confidential communication, and the latter in the course of my business engagements with the

family. Shall I violate confidence in order to serve parties whom I do not know, and who despise rather than appreciate my services—who regard them as unworthy of payment? Shall I use facts that I have been paid liberally through a course of years for the care necessary to ascertain them, to the disadvantage of the *paying* party, and for the advantage of the party who refuse to employ my services—who mortify me by undervaluing them? No, I will do no such thing. Perhaps I am mistaken with regard to those antecedents and peculiarities. I have not examined the subject recently; it may be that there are no "peculiar circumstances tending to shorten life." At any rate I am not paid to make an investigation anew; and my interests all lie in not knowing; therefore here it goes, I am a know-nothing again, and write, "Don't know."

Application has been made to me, I have taken up the application a half dozen times before I could decide to say "I don't know." I am paid for *knowing*, it is my *business* to know. An insurance company asks me to *know* for nothing, to offend a good client by performing those duties for *nothing*, that it is the business of my life to perform for *pay*.

I know several parties that I fear will get out a policy and come to me to fill up the family physician blank. They will pass the medical adviser of *any company;* they have no peculiarities or antecedents which will prevent them from signing the "Declaration" which closes with the forfeit of all moneys paid or expected, if it is untruly made. They may truly answer in the manner that the company would desire every single category; still I *know* them to be *uninsurable.* I am quite sure that they are not in good health, that they have disease that will terminate in their decease after no considerable period; that there are many circumstances which tend to shorten their lives, that they will *surely* die after a short period. I could not sign "nearly first class" on an application to the companies that I serve as medical examiner. Now no insurance company has any right to expect me to become for the time being, their medical adviser *gratuitously,* and inform them of these facts so important to them, so injurious to my client. If I refuse to complete the paper which may come to me merely to "*finish*," my client or his messenger, waiting meanwhile in the front office for me as a "matter of form," "just

to fill out the blanks," my employer is offended. What right has any insurance company to put me in this dilemma? How can they expect, under such circumstances, to be well served? They cannot. They serve nobody without pay. Whatever they devote their time and attention to they make pay.

If they incur responsibilities, they make it accrue to their advantage, but the doctor is expected to be actuated by no such motives. But it is said we pay our medical examiner one dollar. We know him to be competent. Well, suppose he is fully so, he cannot know all the facts that he ought to know to decide that it is safe for the company to risk money on this life. This I *know* from considerable experience in such examinations. But it it said by the "Actuary," we will insure no man unless *he* procure the certificate of his medical adviser, and it matters not to us how he obtains it, or *whether the physician is paid* or not. *It does matter whether he is paid* or not, and it does matter *who pays him.* The insurer can get a certificate and complete the paper. It would be very far better economy for the company, if they would pursue a course like this: Take the "Declaration" only, and ask the address of the physician. Send a discreet messenger with a fee in his hand the size of which has some reference to the standing, ability, and competence of the medical man. Employ him *confidentially* to fill the blanks, and *take care never to violate that confidence.* It makes a great difference *who* employs him, and it is important that the "retaining fees" should not be too small, and if the party is to be refused a policy, that such refusal shall be based upon the *last* examination that succeeds that of the family physician. The examination of the medical examiner of the company made with the result of that made by the family physician before him, can be better made, and upon it can be based the adverse decision. If such a course should be adopted, life policies would be oftener refused. These risks would become more profitable, and the office of the physician would be more dignified. No parties can so well afford to pay for the services of the physician, and none can so illy afford to *lose* the sum which it would cost to procure such services. I believe that if three or five dollars was paid, and the service should come to be regarded as a strictly confidential one—in no case the results being made known to other doctors—that the annual receipts of our life in-

surance companies would be very greatly increased. I have been surprised frequently when there has been handed me for my know-nothing examination, application papers from persons whom I could not regard physically worthy of insurance, and in several cases of persons that I had advised not to apply to the companies that I serve. Unless more care is taken and more liberality shown, many companies as their insurers become older, and hereditary diseases become developed, and especially if there is not some check with regard to the obtaining of new policies, will find themselves bankrupt. From some experience and much reflection, I am persuaded that eventually many life insurance companies will cease to exist, and those that remain will see the wisdom of pursuing a more liberal policy in order to obtain all available facts in each individual case; and my word for it, the advice of a physician is worth more if it is well paid for. Ours is a benevolent profession, and we exercise the same care upon our poor patients that we do upon the rich; but when the rich want our *best* services, in order to get them they must be *paid for.*

Art. II.—*Pharmacy as a Branch of Medical Education.* By Edward Parrish, Philadelphia.

In most medical colleges the professorship of Materia Medica includes instruction in Pharmacy, in others it comes under the charge of the professor of Chemistry; in both cases it is apt to be passed over with but little attention.

An intimate acquaintance for the past ten years with the wants of country practitioners and of students, has confirmed me in the opinion that this is one of the most important and yet neglected branches of Medical Education.

Of those who resort to our medical colleges, few have had the advantages of any previous training in the duties of the physician's office. Many come direct from college, others from the plantation, from the counting-room, or the workshop; but few from a well organized dispensing office of a physician.

In the course of studies laid down for these, either in the medical college or in the office of a preceptor residing in the

city, no facilities are usually furnished for instruction in Pharmacy other than the meagre reference to the preparation of medicines incidentally brought forward by the professor of Materia Medica or of Chemistry.

Now Pharmacy is a practical branch of knowledge, the rudiments of which are not readily imparted by oral teaching, and which can only be learned by the aid of systematic instruction, so that the student or graduate is obliged to pick it up as he best can, or go all his life, as too many do, blundering in a most important department of his every-day duties.

That this is the practical working of the pharmaceutical training, if such it may be called, which is now imparted to students, an examination of the prescription file of any apothecary, or a peep into the office of almost any country practitioner will abundantly prove.

The system of medical instruction in this country has recently been modified by the further extension of practical advantages to the student. Hospital and other clinical institutions are more and more insisted upon, and oral teaching on the practice and surgery is regarded as incomplete unless illustrated by examples of the actual treatment of disease. But, for this sort of teaching, the first efforts of the practitioner would be mere experiments, and he could only acquire skill at the expense of his patients. What is true of these two branches of medical knowledge is equally so of that which is the special subject of this essay. It is only by systematic practical training that medical students can be fitted for those duties pertaining to the preparation, mixing, and dispensing of medicines. It may be said that the art of Pharmacy pertains to a separate profession, and hence the physician is relieved from the necessity of acquiring it; but this is, and always must be, only measurably the case. The pharmaceutist can only subsist in cities or large towns, where he is readily accessible by some thousands of people, and the dealer in drugs is, in many instances, obliged to associate with his stock of medicines so many other kinds of merchandise, and to give so much time to general trading as to fail of the requisite skill in Pharmacy. Notwithstanding the acknowledged advantage of separating prescribing from dispensing, and confining the physician and apothecary each to his appropriate sphere, yet, in the rural dis-

tricts, this is quite impracticable, and the physician must be, to a great extent, his own pharmaceutist. Nor is pharmaceutical knowledge unimportant to the city practitioner who relies mainly for the *practice* of the art upon the apothecary. The only certain means of acquiring the art of prescribing is through a knowledge of the art, preparing and dispensing medicines.

A course of instruction on drugs, though justly regarded as indispensable to the physician, and occupying a prominent place in the curriculum of medical study, is, after all, very incomplete without it includes a full and accurate account of the preparations which are the chief agents in the cure of disease. Nearly all the so-called articles of the materia medica are unfit for use in their crude condition; it is only as subjected to the process of pharmacy that they come up to the requirements of practice; and it is only by an acquaintance more or less thorough with these processes that an intelligent appreciation of the preparations is reached.

In a course on *Materia Medica* the drugs treated are appropriately shown from a therapeutical point of view, and classified with reference to medical properties, so that the student sees the relations of each, in its generic character, to the human system and its diseases. *Pharmacy* contemplates the same objects with reference to their composition and modes of preparation, their relations to each other, their admixture, and the modified uses to which their different forms of preparation adapt them; while the pharmacologist presents the *drugs* primarily, the pharmaceutist puts the *preparations* foremost, each treading upon the confines of the other just sufficiently to bring out prominently the great and important facts in regard to the uses and modes of applying these material agents in the cure of disease.

The further introduction of Pharmacy into medical teaching has been long agitated in the profession of medicine. Resolutions have repeatedly passed the American Medical Association looking to that end, and it has been years ago the practice of some of the ablest private teachers to seek for their students the advantage of more or less practice in the shop of the apothecary; and yet so little is known among physicians of the actual nature of this kind of teaching that its utility and practicability are not generally appreciated. For the last seven years the writer of

this has been engaged in teaching students and graduates of medicine the practice of Pharmacy; during that time nearly three hundred have availed themselves of his instructions, and it is not too much to say that nearly all of them have acknowledged the eminent utility and advantage of the method of instruction pursued.

A course of lectures upon Pharmacy in its relations to the practice of medicine is accompanied by a series of manipulations in which the students, in classes of four, under the superintendence of a skilful manipulator, prepare the more important and familiar preparations, and enjoy opportunities for becoming familiar with drugs. Although not a very complete course, and quite insufficient for those who expect to pursue Pharmacy as a profession, yet this is a most useful training to the class for whom it is designed, qualifying these for the important duties of dispensing, and rendering the young practitioner familiar from the start with those details which otherwise can only be attained by long and sometimes most discouraging experience.

The question now presented is this: Has not the time arrived when this branch of medical knowledge should be taken directly in hand by the recognized depositaries of medical science? Should not the reproach be removed of full graduates of medicine who have never made a pill, or even written a correct and scientific prescription?

The Medical College of Ohio has been the first to establish a separate lectureship on Pharmacy, connected with a laboratory for practical instruction somewhat on the plan I have sketched; the appointment is filled by a skilful practical pharmaceutist, who will no doubt improve his opportunities greatly to the advantage of the students and to the credit of the school.

Want of time, which is the only argument I have heard urged against the adoption of Pharmacy as a separate branch of practical instruction, is of less force in this connection than in almost any other. Pharmacy might appropriately fill up hours at present chiefly unoccupied; it requires little reading, only an occasional lecture, and is otherwise pursued as a kind of recreation. The student would be upon his feet during most of the time, engaged in manual exercise, and relieving the tension of his mind by the exercise of his powers of observation, and by in-

structive conversation. To lessen the expense, the pharmaceutical laboratory might be in connection with the dispensary now almost necessarily connected with every college. The profession of Pharmacy, being thus connected by its leading members with medical instruction, could not fail to aid in the advance of therapeutical as well as pharmaceutical science, and a closer union, it is hoped, might grow up in efforts to improve the drug market, and to overthrow the common enemy—Quackery.

ART. III.—*On the Use of Iodide of Potassium for the Cure of Syphilis.* By C. T. Bonsall, M. D., Trenton, N. J.

CASE.—Mrs. C. had been suffering from syphilis for upwards of two years; she had been under the care of four medical gentlemen, and was rapidly sinking from the effects of the disease. There was progressive emaciation, constant and exhausting discharges from the vagina, a distressing cough with profuse expectoration. Feb. 22d, 1856, she came under my care. A vaginal examination exposed an ulcerated state of the neck of the uterus, the womb was enlarged and a continued discharge from the os tincæ seemed to show that its internal surface was in the same ulcerating condition. There was great swelling of the labia and the walls of the vagina; the sebaceous follicles were inflamed, and some suppurating, presented a granulated appearance. There was a discharge of pus from the urethra, and deep excoriations externally. Three of the lymphatics in the groin were enlarged and indurated; her throat and the surfaces of the mouth were inflamed and ulcerating, nodal formations began to show themselves, and rheumatic pains wandered through her body. The primary chancre had run its course and disappeared, the constitutional infection was now the disease. Injections were ordered to be thrown up the vagina repeatedly of ʒij proto-sulphate of iron dissolved in a pint of water, and five grains potass. iodid. given three times a day with 20 of vin. colch. On the sixth day the quantity of iodid. was doubled, on the 12th day conjestion and dryness accompanied by pain of the conjunctivæ, bronchial, and nasal mucous membranes commenced. This passed away

with catarrhal discharge. On the 21st day 15 grains of potass. iodid. was added to the former allowance: from this time her disease disappeared rapidly. An examination on the 20th of April, showed that the ulcerations had healed in the vagina and around the neck of the uterus; there was very slight œdema of the left external labia, the urethra appeared dry, the lymphatics in the groin had returned to their natural size, the rheumatic pains were gone, she had no cough, her throat presented a healthy aspect. During the first week in May her menses returned, she was becoming quite fleshy, and seemed wholly cured of her disease.

In the last week in August, her husband called upon me, and said he was fearful that he had given his wife the disease again, as he had contracted it away from home in the forepart of the month, and had had connection with his wife about the 15th while his chancres were discharging freely. Sickness prevented my seeing her for nearly a week. An examination revealed several indurated chancres situated in the vagina and on the internal labia, one at the orifice of the urethra was large and very painful. There was considerable constitutional excitement, and several buboes had begun to develop themselves in both groins. The chancres were immediately destroyed by caustic, and the eroded surfaces healed promptly. Now commenced a rapid and fearful development of secondary syphilis. Abrasions and ulcerations attacked the mucous membranes; a muco-purulent discharge flowed from the vagina, causing painful excoriations wherever it touched; tubercles formed rapidly upon the external surface (over 40 of different sizes occupied the face and neck, leaving but isolated patches of healthy skin), those upon the arms were of a serpiginous character, and the purulent matter which oozed from them formed crusts of such thickness as to render the flexure of the elbow-joints impossible; mucous papules appeared around the mouth and the ala of the nose, and the scalp was invaded by pustular eruptions; secondary buboes gathered in the armpits and were opened as soon as matter formed in them; as the disease advanced, dropsical effusion distended the lower limbs; she was compelled to maintain a sitting posture by night and by day; serous fluid trickled from the ulcerating tubercles, and lastly iritis came to add darkness to the horrors of disease. In the beginning zinci acetas dissolved in decoction of oak bark, was

used as an injection; it was soon abandoned for proto-sulphate of iron and an infusion of hops; this injection, together with the application of oil of sweet almonds to the diseased portions of the external skin, was continued throughout the course of the disease. Potass. iodid. was administered at the first appearance of constitutional infection, but for a time the disease progressed seemingly without restraint. The commencing treatment was thirty grains of iodide daily, in three portions, taken in half a pint of hop tea. Vin. colch. was tried at first, but as the dose increased, it acted freely on the bowels and veratria was substituted. On the 15th of Oct., she was taking sixty grains of iodide daily and half a grain of veratria, the disease still progressing. On the 25th the dose reached 100 grains and three-fourths of a grain of veratria. On the 1st of Nov., she was taking 120 grains of iodide and a grain of veratria. About the 6th iodism began, a profuse secretion of tears, sneezing and an undue quantity of saliva thrown out by the salivary glands, told that the limit had been reached, beyond which it was not safe to give iodine. The abrasions and ulcerations healed; the discharge from the vagina disappeared; the tubercles dried up and threw off their scabs; the mucous and pustular eruptions followed their example; secondary buboes no longer gathered; the dropsical effusion was absorbed; the iritis was treated with topical remedies as an idiopathic affection. After the 25th the dose of iodide was gradually diminished and left off entirely in the latter part of December. At this time (Feb. 19th), Mrs. C. appears in good health; has menstruated regularly these last two months, and is gaining in strength and flesh. A partial amaurosis of her left eye is her only complaint.

ART. IV.—*A Case of Tobacco Poisoning.* By I. N. KERLIN, M. D., Germantown, Pa.

As an instance of almost toxicological effects resulting from the improper use of "plug tobacco," I will cite the following case, presuming that it may interest at least the junior members of the profession.

A lad of 18 years, of exceedingly nervous temperament, and

imbecile mind, who had been accustomed to the use of tobacco from an early age, was seized in the following manner:—

Having gone to his chamber, and while preparing for bed, he suddenly threw himself upon the counterpane, and when approached, was found to be in an insensible condition. He had given no premonitory evidence of disorder, further than mere sullenness, which is no unusual circumstance. His breathing was stertorous, the cheeks flapping with each expiration; his skin of clammy coldness, and his whole frame shook with strong tremors. The pulse was small and feeble, the pupils unnaturally *dilated* on the approach of light, and on applying the hand over the cardiac region, the impulse conveyed to it was of marked peculiarity, much resembling, as was conceived at the time, the purring tremor, or *frémissement cataire* of French writers, which is likely to accompany aortic regurgitation.

By loud calling, and vigorous shaking, he was aroused from his comatose condition, when he began in a state of high nervous excitement, to cry "Oh, my head! oh, my head!" at the same time clutching his forehead with his hands, and staring wildly about him. At one time, in great trepidation, he begged that some imaginary bottles should be taken out of the room; indeed, his conduct and appearance at this time were not unlike one suffering with delirium tremens.

It was not difficult to diagnose narcotic poisoning of some kind, and his pockets having been found to contain a fresh investment of the most rank Virginia plug, we concluded that he had swallowed too liberally of the "juice of cursed hebenon," which, having been partly absorbed, was thus operating on his system in a mode that, of all drugs, tobacco only will.

The remedies at hand were the domestic mustard and tepid water, and syr. of ipecac, with an assortment of feathered goose-quills. With these, we kept up the patient's activity, by presenting them to his mouth and pharynx; the siege was a long one, and to the patient a warm one; the circulation became more equally diffused, and his body dripped with perspiration, but it was not until he had swallowed thirteen tumblers of mustard tea, sweetened with an occasional tablespoonful of syrup, and briskly stirred with a feather in his pharynx, that his passive stomach yielded its contents. The result was a surprising one; with a

mass of undigested raw turnip, a large piece of tobacco *leaf* was ejected; the nervation was complete, showing that it had been swallowed without mastication; along with this, were numerous small fragments of the same weed. We continued the treatment, the patient by this time becoming quite conscious of the interest of his case, and eagerly anticipating the sight of another leaf. In this we were both equally gratified, for, after half a dozen more tumblers, a larger leaf than the first was ejected, and the liquid was well sprinkled with little fragments of tobacco stem. The leaf was a double thickness, from nearly one-half the surface of an ordinary Virginia plug. The patient expressed himself relieved, and after seeing clear water vomited, we allowed him to go to bed; he was much exhausted, and soon fell into a profound and natural sleep.

On the following day he had an attack of bilious vomiting, and complaining again of headache, a suitable purgative was administered, after testing with warm water the absence of tobacco in the stomach. After the operation of the cathartic, he speedily got well. He has since studiously avoided swallowing the weed (which probably he did to avoid detection), and now indulges after the most approved style.

Remarks.—When it is remembered that a fatal result has followed the use of an enema of *twelve* grains of tobacco to six ounces of water, we may be surprised that the symptoms were no more serious, in the present case. By carefully weighing an equivalent quantity from the same plug, we are convinced that not less than *thirty* grains were retained in his stomach for at least two hours. His immunity can be best accounted for by supposing that the present is not the first indiscretion, that his system has become in great measure tolerant to the effects of the drug.

Tobacco is stated by writers to produce *contraction* of the pupil, and as being distinguished from the poisonous effects of stramonium, hyoscyamus and belladonna, by this peculiarity. As noted above, the pupils were unnaturally *dilated* on the approach of light. There are many exceptions to the rule that opium in large doses produces contracted pupil; and certainly the symptoms of tobacco poisoning cannot be positive. "We know the habitual use of tobacco to be a prolific cause of amaurosis; it is

asserted that *dilated* pupils with blindness attends poisoning by dulcamara, tobacco, and several other substances."—(See *Mackenzie*, p. 986.) We may say that children of imbecile minds, frequently present abnormal dilation of pupil, but this does not exist in the lad under question.

The symptoms in this case favor the view "that tobacco is rather a narcotic than a narcotico-irritant poison." The patient gave no reasonable sign of alimentary suffering; the usually concurrent symptom of vomiting was absent. His chief complaint was, "Oh, my head!" while the purring tremor of his heart showed sufficiently disorder there. The derangement to the latter organ, caused by the habitual use of this weed, is well known. Dr. Stokes states that it is resorted to by those who wish to escape service in the army, for the purpose of exciting violent palpitations. A celebrated clinical teacher has familiarized us with the expression "Tobacco heart." In the case narrated above, the pulsations were not so tumultuous as tremulous, probably on account of sedation, for it has been proved that the cardiac nerves are greatly influenced by this drug.

Another interesting fact to us, was the tenacity with which the stomach held on to its nauseous contents. It is noticed that vomiting is with the greatest difficulty induced in many cases of narcotic poisoning; but when the article is tobacco, we looked for a different result, as nausea and vomiting are enumerated among the common symptoms attending its use. In a limited number of instances, we have observed a singular gastric insensibility among "feeble-minded children," and consider the present as another evidence of this view. We are satisfied that only the bluntest kind of mental and stomachic sensitiveness could have withstood our "medicinal course."

After a review of the above, we think the best conclusion to arrive at, is that of the humorous Burton of the seventeenth century: Tobacco, "A good vomit, I confesse, a vertuous herb, if it be well qualified, opportunely taken, and medicinally used; but as it is commonly abused by men, which take it as drinkers do ale, 'tis a plague, a mischief, a violent purger of goods, lands, health; hellish, devilish, and damned tobacco, the ruine and overthrow of body and soul."

ART. V.—*Secale Cornutum.* By W. Johnson, M. D., White House, N. J.

MR. EDITOR: Indulge me in a few brief observations, suggested by your "obstetrical memoranda," published in the February number of the REPORTER. I was pleased in the first place with the Report of the Transactions of the Burlington Medical Society, and should be gratified in having their example imitated by the other county societies. Much that is interesting and useful to the profession would thus be elicited. Without further preface however, I proceed to notice the principal subject of your discussions—*Secale Cornutum.*

Prominent amongst the uterine excitants is the secale cornutum. In fact when we take into consideration the certainty of its action, and the specific nature thereof, all other articles of the class dwindle into insignificance. No other article of the materia medica is more *reliable* than this. It is true we do occasionally meet with patients absolutely unsusceptible to its impressions; but these cases are rare, and are reconcilable to idiosyncrasy with respect to other articles of the materia medica.

As a general rule, in twenty minutes after the reception of this article into the stomach, its specific action on the uterus is elicited. Continuous uterine contraction is excited, which terminates either in the expulsion of the child, or exhaustion of the uterine effort. There is one peculiarity with respect to the action of this drug, that is, you cannot with a second dose of the same size as the first, produce an impresion on the uterus in any degree proportioned to that of the first dose; thus illustrating one of the doctrines of the celebrated John Brown who shone with so brilliant but meteoric and pestiferous light on the pathway of medicine, during the latter part of the last century. The susceptibility to impression of the same kind is astonishingly impaired, and this circumstance should always be borne in mind in the repetition of doses. Let for instance one scruple of ergot be given for a dose, and if the expulsion of the child be not effected thereby, wait until the effect of this first dose be entirely over, then give another scruple, and the prescriber cannot but be struck with the disproportionate effect of the last dose.

It is seldom, however, that I give more than fifteen grains of the pulverized ergot at one time, with the view of removing uterine inertia, and this portion I divide into three doses, and give one of these doses every twenty minutes until the whole be taken. I have for many years administered the ergot in no other way than this, with a single exception which I will notice in the sequel. For this manner of using the ergot I am indebted to the late Dr. Holcomb of New Jersey. The article operates with much less violence in this way, and I have almost always found the results equally satisfactory. When at the commencement of my practice I gave the drug in scruple doses, I have at times been exceedingly alarmed from the violence of contraction, lest rupture of the uterus should ensue. This is an event, however, which I have never been compelled to witness.

The only cases in which I depart from my usual practice of administering the ergot in small and divided doses, are those of uterine hemorrhage, threatened or present. Here I administer the article with a much bolder hand.

My usual practice with patients subject to profuse discharge after their accouchements is to administer ten grains of secale cornutum about one hour before delivery, a second dose of ten grains about forty minutes after this, and a third dose of ten grains immediately after the expulsion of the child. The accoucheur will rarely be disappointed in this course.

From the administration of an article possessed of so great powers, occasional ill effects must naturally be expected. Lædentia from the employment of ergot may be referred either to mother or child, but especially to the latter. The principal ill effects which I have myself witnessed from the exhibition of the ergot, have been upon the child. The contractions of the uterus from the specific action of the ergot, arresting vascular circulation through the organ, and thus cutting off the sanguineous pabulum from the child, must always more or less jeopardize its vitality. I look back with regret upon many of my cases in which I have adminstered the ergot with pernicous effects to the child. I believe that in many of these cases the child would have been saved, had I withheld this too potent article of the materia medica and resorted to forceps. *In fact, as far as it concerns the child, in almost every case I give the preference vastly to the forceps.* Should the

accoucheurs, however, determine to use the ergot, there is certainly less risk both to the mother and child in giving the article in divided doses. Before dismissing this part of the subject, let me remark that I have much more confidence in the pulverized ergot, than in the tincture or any other preparation of the article; it always finds a place in my pocket-book.

I have now to speak of the *action of the ergot upon the mother*, and here I differ very much from opinions expressed at the February meeting of the Burlington County Medical Society, as recorded in the REPORTER. It was difference of views on this point principally which has elicited this publication. The impression produced on my mind from the perusal of your report, was that the mother is exposed to equal or more danger from the administration of the ergot than the child, which is contrary entirely to my own experience on this point. For whilst I consider the remedy almost innocuous to the mother, I view it as fraught with danger to the child. Permit me here briefly to detail my own experience with this article. It is somewhere about thirty-eight years since I administered my first dose of ergot and under the following circumstances. I was called to a patient who had been attended by a midwife about three days. I found the os uteri dilated to the size of a quarter of a dollar, and very readily dilatable, the soft parts in a good condition for the exit of the child; the presentation natural, and the woman not greatly exhausted. I administered immediately one scruple of pulverized ergot, and in less than two hours I left both mother and child doing well. Not long after this I received a note from a neighboring practitioner requesting me to meet with him in attendance upon an obstetrical case and to bring my forceps with me. Upon my arrival I found that the Doctor had been in attendance two or three days. The state of the patient and condition of parts were very similar to the case just related. I persuaded the attending physician to permit me to administer the ergot in this case also. I gave it with results equally pleasing as in my first case. The expulsion of the child and secundines was rapid. *Both these cases were primipara cases.* Encouraged by these results I soon administered the ergot very freely, and at one time in the early history of my practice, when I could not afford to spend long time with my obstetric patients, I got into the habit of giving it

to nearly half my patients, in order to abbreviate my attendance. But *dies diem doret.* I saw the incorrectness of the practice and that I was lacking in a cardinal obstetric virtue, namely—*patience.* Nature has her work. In comparing notes with several of my professional brethren I found that they also had run into the same extreme with myself. They were checked in their course by the number of stillborn children. I have myself been veering my course until I have nearly got to the opposite point of the compass. I rarely now give ergot with a view of expelling the child, and never unless the woman have borne a child before; the os uteri fully dilated; the vagina dilatable; the presentation good, and no disproportion as far as can be ascertained between the head of the child and pelvis of the mother.

Let us now look at the results of the foregoing practice. Whilst harmless to the mothers, the practice was certainly pernicious to many of the children. *I have never had a fatal case of metritis resulting from the use of the ergot.* And I will go further and say that I have never seen a case of metritis when I was satisfied in my own mind that ergot had any share whatever in its production. So far, therefore, as the mother has been concerned, I have never regretted the administration of the ergot. I consider it as safe to her as any other remedy of an active nature that she might employ. Perhaps my method of administration in divided doses and seldom giving over a scruple to one patient may explain results so contrary to the experience of others of my professional brethren. It would be profitable to compare notes and collate facts on this subject. It would be very interesting to me to know how many cases of metritis can be clearly traced to the exhibition of ergot.

BIBLIOGRAPHICAL NOTICES.

ART. VI.—*Medical Notes and Reflections.* By Sir HENRY HOLLAND, Bart., M. D., F. R. S., &c. &c. From the third London edition. Philadelphia: Blanchard & Lea.

IT may generally be regarded as evidence of the real merit of a medical publication, that a third edition has been called for. We open this book, therefore, predisposed in its favor from this fact, and can freely say, that the promise of interest thus presented to the eye on the title page, has not "turned to ashes on the lips" as its pages have been scanned. Its 31 chapters, embracing an equal variety of topics, all of them of the deepest interest to the medical student and philosopher, are full of instruction, and clothed in vigorous and classic language. The learned author has by no means been an idle or unconcerned observer of the events passing before his eyes, but has drawn instruction from his daily routine of practice. One can scarcely open the book without gleaning something useful—something that is of real practical value at the bedside. Take, for example, the brief chapter entitled "*On points where a patient may judge for himself,*" and we find some propositions which will at first appear startling, at least to many of our gray-beard practitioners, but which, on consideration, will be regarded as the plain dictates of common sense—a quality too often below par amongst medical men. The chapter on "Diet and disorders of Digestion" we have derived much instruction from, and so with many others. The work is a welcome addition to our medical literature.

ART. VII.—*Introductory Addresses.*

THESE have been accumulating on our table for some time past. We propose to devote a little space to a brief review of their contents. An editor, especially if he has an industrious and intelligent corps of collaborators, is tempted to neglect the *feuilletons* which semi-annually issue from our numerous medical colleges; yet they often contain much that is useful and instructive. We shall endeavor, as occasion offers, to cull from these publications what may strike us as useful, though we very much fear that our limited space will not allow us to do them justice.

1. The lecture of Prof. Samuel Jackson, introductory to his course on the Institutes of Medicine in the University of Pa., is entitled "*The Fundamental Laws of the Organic Molecular Actions of the Animal Organism, identical with those of Rational Mechanics.*" The views brought forward by Prof. Jackson in this lecture are novel as applied to the science of medicine. The most

gifted minds in the profession are laboring earnestly to place medicine in the category of positive sciences, and in this lecture Dr. Jackson endeavors to take a step in that direction. After a brief explanation of the difference between the terms Institutes of Medicine and Physiology, the learned Professor proceeds to the discussion of the object of the discourse, viz., "to show that the three primary laws of motion, discovered by Galileo, Kepler, and Newton, treated of in *rational mechanics*, are also the three primary laws that govern the molecular motions in the living organism." The mechanical laws referred to are laid down in the following extract from the *Positive Philosophy* of M. Auguste Compte, edited by Miss Martineau, p. 111:—

"Bodies being supposed inert, the general facts, or laws of motion, to which they are subject, are three; all results of observations. The first is that law discovered by Kepler, which is inaptly called the law of inertia. According to it, all motion is rectilinear and uniform; that is, any body impelled by a single force will move in a right line, and with an invariable velocity. The second law we owe to Newton. It is that of the constant equality of action and reaction." "Whether the movement proceeds from impulsion or attraction is, of course, of no consequence. The third fundamental law of motion, involves the principle of the independence or coexistence of motions, which leads immediately to what is commonly called the composition of force. Galileo is, strictly speaking, the true discoverer of this law."

"The essential phenomenon of life," remarks Dr. Jackson, "is the unceasing activity of molecular motions, or actions. Their complete cessation is death. The molecular actions of life *have definite ends*. They accomplish determined objects; and carry out predetermined and calculated results. In these facts are presented the strongest evidence of the dominance of law, and the existence of special causes or forces. In the organic and molecular actions are demonstrated the laws by which living organisms are constructed, and their functions maintained. Living phenomena are to be determined by them." He then lays down as a proposition that "The organic molecular actions have no existence, except in the presence of germs."

Dr. Jackson proceeds to lay down as the first law, *That the organic molecular movements of the germ, when once commenced under normal conditions, continue in a direct line, through the determinate and successive stages of organic forms to the ultimate development of a perfect organism.*

The second law is identical with that discovered by Newton. It is the *equalization of action and reaction.* "This is an essential characteristic of the organic molecular actions. In the living organism, two series or classes of actions and reactions exist; the one is internal, the other external. The first is that which occurs between the fluids and solids, or between the liquid plasmata, the elements of organization, and the organized structure evolved from them. Nutrition, which forms the essential action of life, consists in this mode of action and reaction." "The second class of actions and reactions are those that are external. They take place between a living organism and the surrounding media necessary to its existence. These are, heat, air, or oxygen, aliment, and water."

"The third law is perfectly homologous to that of Galileo, and may be stated

in the same terms, namely: *The independence, or coexistence of motions.* In the molecular actions, or movements of organic bodies, the kind of movements are dissimilar, yet each kind is independent, though coexisting and operating in harmony with the others to a single end."

We would be glad to illustrate these laws further by quotations, but space will not permit. The lecture is well worthy the attention of our readers.

2. We next have *A Discourse, introductory to a course of Clinical Surgery,* delivered in the amphitheatre of the Louisville City Hospital, by Joshua B. Flint, M. D., Prof. of Surgery in the University of Louisville. This is a valuable and interesting historical sketch of the origin of hospitals, and of clinical instruction.

3. The *Introductory Address before the St. Louis Medical College,* by M. M. Pallen, M. D. The object of the address is to show that the physician has other rewards than influence, power, and fortune. These are to be found in scientific study and investigation, and the application of science to the relief of suffering, to the preservation of life, and adding to the sum of human happiness.

4. The Introductory Lecture of Henry H. Smith, M. D., Professor of Surgery in the University of Pennsylvania, is devoted to a consideration of *The Medical, Literary, and Social Influence of the Alumni of the Medical Department of the University of Pennsylvania.* It is not surprising that, considering the age and standing of the University, the names of many of the prominent authors and practitioners of the country are comprised in the record of the Alumni of that institution. Dr. Smith has collated many interesting facts in connection with some of the prominent men of our profession of the olden time.

5. The Inaugural Address of S. D. Gross, M. D., introductory to the course on Surgery in the Jefferson Medical College of Philadelphia, is devoted to a brief sketch of the rise and progress of that school—to a statement of the duties of the speaker—with a glance at the history of clinical teaching, and an advocacy of the system of college clinics.

6. *Epidemics and Quarantine* is the title of the Lecture of Dr. Horace Green, introductory to the late course of lectures in the New York Medical College. The doctor lays down the following propositions, which he endeavors to establish:—

"1. That all contagious diseases have their origin in a specific poison, which poison is formed in the living fluids of the body.

"2. That endemic diseases arise principally from local causes—causes over which man ordinarily has control; that they are not necessarily contagious, but, under certain circumstances, are capable of becoming intensely contagious.

"3. That epidemics arise from some general atmospheric or telluric cause, or from causes emanating from both these sources; that they are governed by some unknown laws, and are never contagious; and, finally, by establishing these propositions, I shall seek to prove that the employment and maintenance of all sanitary cordons and quarantine regulations (except so far as regards the isolation of the sick affected by known contagious disease) are utterly absurd, injurious, and oppressive, and are wholly inoperative to prevent the introduction and diffusion of disease."

Without taking time to follow out Dr. Green's argument, we present the conclusions at which he arrives. If our legislators would see these matters in the same light that Dr. Green does, it would speedily put a stop to the war of words which is going on about the removal of quarantine to Sandy Hook, and we are not sure but New York would do quite as much—yes, much more—towards preventing the spread of epidemics, if she would devote the money it costs her to support her quarantine, to cleaning her filthy streets, alleys, docks, cellars, lodging-houses for the poor, &c. But, we fancy that a great source of trouble in New York is to have the money used for the object to which it has been appropriated. But, to Dr. Green's conclusions:—

"1. That for the invasion and development of epidemic disease, the existence of two conditions is absolutely required—namely, the presence of the epidemic poison in the atmosphere—an agent not subject to man's power; and the introduction into the system of a morbific decomposing matter, that has been generated in some external source, 'and which consequently is preventable.'

"And 2. That the invasion of cholera, of yellow fever, and of other epidemics, is as effectually prevented by preventing the accumulation of azotized matter in the system, as by arresting the development of the epidemic poison itself."

7. The lecture introductory to the course in the Medical Department of Pennsylvania College, was delivered by Dr. Alfred Stillé, his subject being *The Unity of Medicine.* We have read this chaste and beautiful discourse with profit. Dr. Stillé passes in rapid review the progress of the different branches of medical science—points out their mutual dependence one upon the other, and shows the necessity of being well grounded in the principles of every department of the science, if one would be an intelligent and useful practitioner of the healing art.

EDITORIAL.

THE PLEA OF INSANITY.

THE people of this country are not apt to do things by halves. The *medio tutissimus ibis* doctrine is a very good thing in its place; which means, only to point a moral. Practically, it is ignored. We boast that we can beat all the world at a revolution, a waterfall, a government, or a row; and the rest of mankind at an apotheosis of a danseuse, the abuse of a candidate for office, or in rendering honors to a patriot, or to the illustrious dead.

This national characteristic has of late invaded our courts of law, and the gentlemen of the ermine are offering high premiums to crime by holding out to the criminal the prospect of a release from the penalties of violated law on the score of insanity. Not only is the murderer saved from the gallows on this ground, and turned loose on the community, but exemption is claimed from punishment, for lesser crimes on the same ground. The more bold and horrid the details of the crime, the greater the evidence of insanity. Nor can a woman marry the man of her choice contrary to the wishes of her parents, without an effort being made to prove that she was of unsound mind, though such a thought never entered the heads of the parents before, and would have been repelled if it had been suggested. A rich man dies. Eager and expectant kin, thankful that "he too is gone," rush with indecent haste, to see his will opened, and if their expectations are not realized, and they are called upon to share their gold with some of the benevolent enterprises of the day, the plea of insanity is set up, and a pack of hungry, briefless lawyers are called in to play the part for the heirs, that the monkey did for the cats in the fable!

It is astonishing with what facility men are proved to be insane these days, as if insanity, instead of being a sore infliction, were a mere pastime—a thing of no moment. For the purpose of compassing selfish ends, men are willing to admit that this sad, this *hereditary* affliction has fastened itself upon their families.

It is high time that a check was put upon this disposition to put in the plea of insanity. Whenever it is set up in cases of criminals, let the court appoint a commission *de lunatibus inquirendo*, composed of competent medical men, and if in their judgment the alleged criminal committed the crime he stands charged with while laboring under the influence of an unsound state of mind, *let him be confined within the walls of a lunatic asylum for a given length of time, or until there is evidence of the cure of the mental disorder.*

We cannot help thinking that some such plan as the above, would tend to diminish the abuse of a plea, which, when there is real ground for it, calls for the exercise of mercy, coupled with a proper treatment of the afflicted prisoner.

QUACKERY IN HIGH PLACES.

We have received the following note from a subscriber who travels, it seems, with his eyes open. The circular which our correspondent forwarded us, contains the names of nine of the prominent practitioners of Washington, as having recommended the "Compound Herb Drops," four of whom, our correspondent learned had withdrawn their names. Of the remainder, whose names appear as publicly recommending a remedy compounded by a man who is evidently an ignorant pretender, three are members of the American Medical Association, viz., Drs. Thomas Miller, Wm. H. Berry, and R. K. Stone. We cannot think that they will allow their names to be thus used long. The *first* error was in allowing them to be used at all.

A Specimen of Quackery in Washington City, D. C.—On visiting Washington on the 4th of March, I stepped into Gautier's "*A la Ville de Paris*" on Pennsylvania Avenue to get some ice cream. My attention was directed to an advertisement of his "Compound Herb Drops," for coughs, colds, "*Bronchitas*," &c. &c., lauding the same in high terms to cure various "ills to which flesh is heir," also stating that they were "*approved and recommended by the most prominent* members of the *Medical Faculty* of Washington City, amongst whom the proprietor had permission to use the following names;" here follow the names of nine medical men. I confess I was astonished, and inquired of a friend if such was allowed by medical men of his city. He responded "No," and said that it was against the regulations of their local association. He also informed me, that several of the gentlemen whose names

appear on that card, are members of the American Medical Association. I find in chapter two, fourth article, such doings expressly discountenanced. I will also state that on the boxes of lozenges their names were found as well as on the *bills of fare.* Enclosed is one of the cards in each box.

MEDICUS.

Acupuncture Instrument.—Our friend, Dr. Christopher Eyrich, of Newark, has forwarded us an ingenious acupuncture instrument which he has introduced into this country. The instrument is the invention of M. Baunscheidt of Endenich, Germany. It consists of a number of needles inserted in a leaden head, which is fastened to a spring within a cup. On pulling the spring and suddenly letting it go, the needles are driven with force into the tissues of the part to be operated upon, giving little pain, and causing but slight inconvenience.

Those who employ this method of treatment will find this instrument a valuable aid.

A Hospital in Newark.—We perceive that at the recent session of the legislature of this state, a charter was granted for the erection of a hospital in the city of Newark. This result has followed very speedily upon the revival of the Newark Medical Association, which, we are glad to learn, is prospering, and promising to be a useful institution.

EDITORIAL CORRESPONDENCE.

NEW YORK, *March*, 1857.

MR. EDITOR: The annual *accouchement* of our medical almæ maters occurred this month, with the usual ceremonies and results. The "Old School," the College of Physicians and Surgeons, gave birth to 37; The New York Medical College, to 31; and the University Medical School, to 120. Nothing of unusual interest occurred in the process of parturition with the last two, but with the first, labor was accompanied by some symptoms requiring more than ordinary interference, the presentation being something in the nature of a "cross birth." It seems that the faculty had invited the *Reverend* Dr. Stephen H. Tyng to deliver—not the many-headed bantling—but the congratulatory address, when it was discovered that he was a believer in homœopathy (if a man can be said to be a believer in anything he knows nothing about). On this announcement, the fœtuses in utero, just on the point of

being ushered into this cold world, got up an indignation mass meeting, and resolved, *una voce*, that if they could not get out with *regular* help, they would go without any. Here was a "tempest in a teapot," a "*rebellion in utero*," which called for all the art and skill of the most expert practitioner. The inflammatory action ran high, and threatened to result in the mortification of the whole concern, when that venerable accoucheur, Dr. Delafield, was called in consultation, and by a timely interposition of skill averted the tendency to convulsion, and by a brief congratulatory *orthodox* address, delivered the youngsters into the world, parchments in hands.

A FATAL CASE OF DISSECTION WOUND

Occurred in Brooklyn this month. Dr. Saml. T. Champney, who is represented as having been a gentleman of much promise in his profession, was called by the coroner to make an autopsy of a body of a man who it was alleged had been knocked down and robbed, though it was proved that he had merely fallen on the ice and lay exposed three hours, from the effects of which he sickened and died in a week. Acute rheumatism was the medical conclusion as to the cause of death. Dr. Champney, in assisting at the post-mortem examination cut the second finger of his left hand. He unfortunately gave it but little heed, until the next day, when it began to swell, and become painful. The irritation extended rapidly up the arm, producing the usual symptoms of fever and lymphatic inflammation, resulting in death in *three days*.

The subject of discussion at the last meeting of the

ACADEMY OF MEDICINE

Was the treatment of acute rheumatism. It was opened, by request, by Prof. J. M. Smith, who, though unprepared for this special occasion, gave a brief resume of the different modes of treatment which had been in vogue, at different times, and concluded with the expression of the opinion that the last suggestion, that of Fuller of London, judging from the results of his own experience as well as that of others, was the most efficacious yet presented, viz: That the symptoms of articular rheumatism depended upon the existence, in superabundant quantity, of an acid in the blood, which is supposed to be *lactic acid;* and that the effects of this acid are to be neutralized by the administration of alkalies, or alkaline salts, the most valuable of which, as far as is yet known, is the tartrate of potash and soda. Under the influence of this remedy the most severe cases of acute rheumatism rarely failed to show a marked improvement in from three to five days. The preliminary indication for its exhibition is a highly acid condition of the secretions, especially of the urine and perspiration, as tested by litmus paper. One exceedingly valuable result of this treatment is the unfrequency of cardiac complications.

The discussion was participated in by Drs. Corson, Clark, Griscom, and others, who bore strong testimony to the value of the Rochelle salts in this disease. Dr. Griscom alluded to his having tabulated the cases which had

fallen under his care in the New York Hospital during the past two years (28 in number), in which the result was invariably successful, no case exhibiting any cardiac complication, except one, in which it made its appearance before admission. This he regarded as one of the most valuable of the effects of the saline treatment. Sometimes twenty-four hours would suffice, under a free administration of the salt (℥j every one or two hours) to produce a diminution in the acid reaction of the secretions, and a subsidence of the pain. It was remarkable in his experience, how seldom any purgative action followed the exhibition of the salt, even when given to the extent of a drachm every hour, for several days in succession. Dr. G. had found good effects from its administration, not in acute rheumatism only, but also in some cases of more subacute character—those lighter forms of muscular pains, which rendered many persons uncomfortable by their flying about from limb to limb, but were not sufficiently severe to keep them within doors. A dose of the salt every four to six hours would often, in a few days, subdue this disposition, to the great comfort of the patient.

It was admitted on all sides that the saline treatment presented the most satisfactory results of any that had yet been devised or suggested.

THE ANNUAL REPORT OF THE NEW YORK HOSPITAL,

For 1856 has just been published.

The number of patients in the Institution, Jan. 1, was . .	226
Admitted during the year	3,173
Under treatment during the year	3,399
Of this number there have been cured	2,085
Relieved	374
Discharged at their own request	149
" as improper objects	23
Eloped or discharged as disorderly	66
Died	291
	2,988
Night cases from Commissioners of Emigration . . .	125
	3,113
Remaining, 31st December, 1856	286
Total treated	3,399

"Among the deaths are included one hundred and six cases of sudden death from accidents occurring on ships, railroads, buildings, in affrays, sunstruck, or otherwise, upon which coroners' inquests were held.

"Deducting these 106 cases of death from casualty, the number of other deaths was 185.

"Thus the practice of the house presents the following results: Of the whole number under actual treatment during the year, a little less than 5$\frac{44}{100}$

per cent. *died;* or, taking the ratio of mortality upon all discharged (as is done in some statistics of this nature), a little above $6\frac{1}{100}$ per cent. died. The amount of cures out of the number discharged, including deaths, shows a proportion of $79\frac{7}{100}$ per cent. discharged *cured*, exclusive of about $12\frac{4}{100}$ per cent. more, discharged as *relieved* for the time.

"This proportion of the cures and of deaths presents a favorable result, when it is considered that many of the slighter classes of injuries and diseases, which, in the earlier years of the Institution, were admitted, are now provided for by dispensary practice.

"These results of the practice authorize the Governors to repeat the remark, that, whilst they are honorable to the attending physicians and surgeons, they show also by their favorable comparison with similar statistics in former years, under nearly the same medical and surgical administration, the great advantages accruing from improved hospital construction, where pure air, regulated temperature, and all the appliances for comfort and cleanliness, furnished by ample supplies of water, are the constant and efficient adjuncts to professional skill.

"The comparative statistics of the medical and surgical departments of this Hospital present a striking confirmation of the general remarks made in this and in the last year's Report, as to these two classes of patients. Of the cases under Hospital treatment in 1856, 2,003 were surgical, and 1,396 medical, being about the proportion of 20 to 14, or nearly one-third less medical than surgical cases. In the preceding year, the proportion had been as $17\frac{5}{10}$ to $12\frac{1}{4}$.

"Of the 2,003 surgical cases of the last year, 992 were from fractures, serious contusions, burns, and other injuries arising from sudden casualties, and were brought into the Hospital either by friends or the police."

These statistics, as the Governors say, are honorable to the medical and surgical services of the Institution; there is another aspect in which these professional services are to be viewed, which in some future communication, perhaps my next, I may discuss, under the question—"Are gratuitous services always charitable?"

Respectfully,

J. GOTHAM, Jr., M. D.

LETTER FROM BOSTON.

QUACKERY.

Boston, *March* 3, 1857.

In my last letter, I proposed to say something concerning quackery. It is very hard to tell when a man begins to be drunk; to say where the dividing line between sickness and health is; to mark the point of separation between two theologians; to fix the degree at which it is just warm enough; to find out when one's foreign blood has been crossed enough to make him a native; or his horse's pedigree has got enough of the thorough bred imposed

into it to keep him from the list of hacks. Verily, it is quite a hard task to say where quackery begins. It exhibits itself everywhere in the profession as well as out. We don't, any of us, see it in ourselves, but even where some make speeches at medical meetings, it will stick out. There are those who try to quack the profession as well as the laity; and I fear that we only find out too late, innocents as we are, that we have been humbugged into supporting measures and men, that our cooler judgments tell us are only quacking and quacks. But this sermonizing is aside from the main point.

APOTHECARY QUACKS.

Do you have any apothecary quacks? Do your feelings ever carry your judgment so far astray as to make you give certificates (which are only for private inspection, on no account to be printed), to getters up of peristaltic lozenges, bronchial troches, ungriping cholagogues, antiasthmatic mixtures, perfect pile curers and spermatorrhœa specifics? No! Well, you are either behind or in advance of the age then. There is nearly finished, on one of our largest streets, a large building, built up by the recommendations of physicians of high repute. Men who could not tell the difference between Barbadoes and Socotrine aloes, between scammony and jalap, between pulvis antimonialis and tartrate of antimony. Professional snobs, united with those who did know, to sing the praises of him who made them believe that he kept better drugs than anybody else, till they made the public believe it, are now to have their eyes cheered by the sight of a magnificent structure of their own erection. The name of an humble servant of the public, who has gone to his long home, is to live upon two and threepenny monuments of glass; and we are to be daily asked, why we don't try the certain cure which he introduced. Just as if the deceased had received a diploma from the North American College of Health; or had been the son of a seventh son; or had pursued the intricate course of study among those celebrated instructors, the Dahcotah Indians. Well, somebody deserves to see the sufferers paying down their solid cash by the pound for this, while *he* is obliged to deduct fifty cents from every nine shillings he charges. Who believes that the State Assayer does not examine every grain of medicine that Brown puts up? His advertisement almost says so. Who does not know that Thompson has not better medicine than any other druggist? Dr. X. tells his patients so. It must be true. Why not send all our prescriptions to Jones's? How could he have made so much money except by his "strict personal attention," when he was asleep at home, or testing his Tomato Bitters somewhere else, or sealing his Syrup of Turnips and his Splanchnic Extract in his neighbor's cellar? "None genuine without the maker's signature."

When physicians will stop recommending sly druggists, one-half of the quack medicines will go out of use.

MASSACHUSETTS MEDICAL COLLEGE.

You ought by this time to have known how well the Massachusetts Medical College succeeds. It is an old institution, and many a distinguished physi-

cian has obtained his diploma there. Some years ago it was removed to the quiet neighborhood of an iron foundry. Since that day its old professors have, one after another, vacated their chairs, and younger men have succeeded them. This year I have had the curiosity to look over their catalogue to see who are the physicians who are about to be fledged. Out of one hundred and eighteen, I find nine names of those who are irregular physicians in full practice, students of quacks, or of homœopathists. I do not know how these gentlemen are to be prevented from receiving degrees, but there should be some way found out. I have no doubt they will be stopped, but they ought not to be allowed to attend a single lecture.

MEDICAL SCHOOL AT CAMBRIDGE.

In the meanwhile, there has been an effort made at Cambridge to establish a new school for medical instruction. One of their circulars lies before me now. It contains the names of three ex-professors in the Massachusetts Medical College, and offers inducements which cannot be exceeded in the whole country. Two of these gentlemen are said to have left their professorships on account of a misunderstanding with their colleagues. What their intention may be can only be told after a few years' experience. They offer the degree of Bachelor of Science as members of the Scientific School of Harvard University, to those who pass the required examination. This seems to some of us the beginning of a better state of things in the medical profession of this country. Why should not those students receive the degree of M. D. from Harvard? The lecturers, &c., most of them hold professorships in that University. Wyman, Levering, Gray, Cooke, Agassiz, are the lecturers on Physics, Botany, Chemistry, Comparative Anatomy and Physiology, and Zoology. The others are or have been in the employment of the University. Indeed, in looking further, I find that, with one exception, the eight are now professors, and he is the acting Professor of Theory and Practice in the medical school. It has not been publicly announced, so far as I am aware, but it is generally understood, that Dr. Morrill Wyman resigned when Professor Cooke did, but has been holding on till some one could be found to fill his chair.

While reading this circular, it occurred to me that the students of this new school need not have the M. D. to make them regular physicians. They have only to present themselves to the Board of Censors of the Massachusetts Medical Society, pass their examination, and be received into full fellowship. This is the course which they ought to pursue. At present, the graduates of the Massachusetts and Berkshire Medical Institutions are admitted without examination. There was a reason for this privilege, perhaps, formerly. There certainly is not now, and I have yet to learn that those graduates are better able to pass than many others who have to undergo examination. Why should not all the medical colleges transfer the degree granting power to the American Medical Association, and let them give the power of censorship to the State Societies? They would, perhaps, require an act of incorporation, but that could be easily obtained, and the result would be seen in

more uniform qualifications and better educated physicians. A degree would then have a fixed value. It means, now, only that the holders have bought tickets to two courses of lectures somewhere.

SMALLPOX AND VACCINATION.

I wrote to you a while since that smallpox had nearly ceased among us, apparently from the great attention to vaccination. Our neighbors across the river, in Cambridge, do not seem to have been so attentive. Witness the following from a Cambridge report:—

"*Vaccination.*—The Mayor addressed a communication to the Board upon the subject of vaccination, calling attention to the law of 1855, and the penalty provided for a neglect of its requirements. During the year 1856, not a single application was made to the city physician for the vaccination of children—and it is not, of course, probable that a thousand children under two years of age, were vaccinated by physicians in their private practice."

Here is a rich field for the spread of contagion.

CRIMINAL ABORTION.

At the last meeting of the Suffolk District Medical Society a resolution was passed concerning criminal abortions. It is a great pity that the moral sense of the community cannot be brought to bear upon this subject, but, it is not possible, that the interference of the law should succeed in putting a stop to it. The laws we now have cannot be enforced, and anything more stringent will only feed the operators. I would like to have the profession make a public protest against the practice. Anything beyond this will overshoot the mark. But they owe it to themselves to let the public understand that they in no way countenance it.

HON. T. H. BENTON AND THE FEMALE MEDICAL COLLEGE.

Hon. Thomas H. Benton gave a lecture, not long since, in aid of the N. E. Female Medical College, an institution of which I have spoken before. It seems almost like a waste of ink to write concerning what has only a *quasi* existence. But, when men of Mr. Benton's standing are induced to lend their aid to such an undertaking, the facts should be made public. One would suppose from their circulars that this college is doing a great work. They have a grant from the State of a certain amount of money conditioned upon the raising by them of a certain other amount. It would seem by their financial report that their plan is to raise a part of this amount, and then claim a certain proportion of the grant. Examination shows, however, that there must be great difficulty in raising this sum, as a very large proportion of their funds have gone to paying for what may be termed missionary efforts, in persuading the public over to their side. Their representations have not succeeded in convincing the world of the necessity of she-doctors, and Governor Gardner, in his annual address, gave them the following rub:—

"In view of the condition of our treasury, and the circumstance that the

annual grant of $3,500 to the Female Medical Education Society can hardly be defended on the ground of absolute necessity, I recommend that it should be discontinued."

It should be understood that the grant was made by that sagacious body known, par excellence, as the Know Nothing Legislature. Still, unable as they are to carry on their school without aid from the public chest, they have asked the City of Boston to back them, as appears from the following from the report of the doings of the City Government:—

"*N. E. Female Medical College.*—The petition of the Trustees of the N. E. Female Medical College for aid from the city in the erection of a Female Hospital, &c., was referred to the Joint Special Committee on the subject of a City Hospital."

In the Joint Special Committee the petition will get its quietus.

Speaking of female physicians, it may be well enough to say, in reference to the immodesty of employing gentlemen in cases of labor, that I have been told by ladies, who have employed both, that in all their intercourse with physicians they never heard so much indecent conversation, nor witnessed so much violence as they heard from and saw in these women. Natural enough at any rate.

PHYSICIANS IN THE LEGISLATURE.

There are no less than twelve physicians in the Massachusetts Legislature. What they can be doing with their patients, who can divine? It can only be accounted for on the ground that there is no great amount of business at home.

FEMALE MEDICAL COLLEGE.

March 10.

Since writing the above the legislature have acted upon the Governor's proposal, and refused, by almost unanimous vote, to discontinue the grant. This will be made much talk of, and used as additional evidence that the Massachusetts Legislature favors quackery. The reason assigned for rejecting the Governor's proposition was, that the original resolution was a contract, and Massachusetts will not repudiate her contracts. I am told by those who are in the position of representatives, that this was with the majority the probable reason for their action, and that were the proposal for a grant to come up now it would not be possible to lobby it through.

To-morrow will be commencement at the Massachusetts Medical College. If anything of note occurs, I will try to notify you in season for the April number.

Yours,

STUDENT.

NECROLOGY.

DIED, at Havana, Cuba, on the 16th of Feb., DR. ELISHA KENT KANE, in the 35th year of his age. Although Dr. Kane distinguished himself more as a naturalist than as a physician, the following sketch of his life which we copy from the *New York Herald* is worthy of a record in our pages:—

"Dr. Elisha Kent Kane was born in Philadelphia in 1822. Nearly a third of his life was consumed in travel out of the United States. No man of his years, however, was more thoroughly acquainted with the geographical features of his own country. He was educated at the Universities of Viginia and Pennsylvania, graduating as a doctor of medicine in 1843. His graduation thesis on 'Kyesteine' was crowned by the faculty, and is still cited as authority in the books of the profession. Immediately after receiving his degree he was appointed upon the diplomatic staff as surgeon to the first American embassy to China. He availed himself of the facilities afforded by his position to explore the Philippines, most of which travel, including Camarinas and Mindoro, was made on foot. His charts are still preserved, but we believe have not been published. His associate during a portion of this exploration, the lamented Baron Loe, of Prussia, sank under the effects of the hardship and exposure which attended upon it, and died in Java. Dr. Kane devoted much attention to the volcanic region of Albay, expecting to connect his observations with subsequent travels in Sombava. His sojourn among the Negritos and Arauras was one of romantic interest. He was the first who descended the crater of the Tael, upon which occasion he effected a topographical sketch of the interior of this great volcano. He was lowered more than a hundred feet by a bamboo rope from an overhanging cliff, and clambering down some seven hundred feet through the scoriæ, was dragged up senseless, with the interesting specimens which he had collected. Among these were bottles of sulphurous acid from the very mouth of the crater.

After this Dr. Kane traversed India, spending a considerable time among the monolithic structures of Arungabad (which would seem to have particularly attracted his notice), visited Ceylon, the Upper Nile, the Oases of Jupiter Ammon, &c., and various classic regions which have since become the trodden ground of European tourists. A portion of this travel introduced him to the learned Lepsius, who was then prosecuting his researches in Egypt. Returning, however, Dr. Kane was so unfortunate as to lose his *dabeah* in a quicksand above E'Stoot, and with it his entire papers and journals of years of interesting travel.

"Taking a profound interest in the workings of the slave trade, Dr. Kane next sailed from home in the frigate United States for the coast of Africa. He visited the slave factories from Cape Mount to the river Bonny, and had free access to the baracoons of Dahomey through the influence of the infamous Da Sowza. An excursion which he planned to Amoy, favored by

the Portuguese, failed through a severe attack of the coast fever, from the effects of which Dr. Kane's constitution had never entirely recovered.

"Dr. Kane's personal adventures in Mexico are part of the history of his country. His wounds on the field of Nopaluca, which were of a very serious nature, opened to him the hospitalities of his prisoner, Major-General Gaona, the defender of San Juan d'Ulloa against the French, and secured him the gratitude of other Mexican citizens of the highest distinction. We believe, however, that his travels through the Republic of the Cactus carried him little outside the lines of military operations. After his brilliant performance of the duty of carrying President Polk's dispatches to Gen. Scott, he was still necessarily trammelled by the movements of the American forces. His barometrical altitudes of Popocatapetl, however, are of value.

"On the return of peace he was assigned to the Coast Survey, under Professor Bache, and was at work in the Gulf of Mexico when the liberality of Mr. Grinnell stimulated the government of the United States to the first American expedition in search of Sir John Franklin. Dr. Kane immediately volunteered his services, and was accepted as the Senior Surgeon of the Squadron. His 'Personal Narrative' of this cruise was published in 1852.

"Before it was completed for the press he had effected his arrangements for the last Arctic Expedition, appropriating to this cherished object his own pecuniary resources, as well as drawing largely on those of Mr. Grinnell and several of the scientific institutions of this country.

"The history of that expedition and the remarkable discoveries to which it led are now before the country. They constitute in themselves an imperishable monument to Dr. Kane's fame. It will ever be a subject of deep regret that the sufferings through which he passed to achieve those results should have prevented him from reaping the full benefit of the honors to which they would unquestionably have led. As it is, his family and his admirers must content themselves with the reflection that he leaves behind him a reputation that no reward could enhance, and better still, that no reproach can sully."

Died, in Van Buren, Ark., on the 4th of Feb., of pneumonia, Rev. Elizier Butler, M. D., in the 62d year of his age. Dr. Butler was the father of the editor of this journal. He was born in Norfolk, Conn., in 1794. In 1819 he offered his services to the American Board of Missions, and was sent the next year as a missionary physician to the mission to the Cherokees, who then occupied an extensive territory within the present limits of the States of Tennessee, Alabama, Georgia, and North Carolina. Dr. Butler was the first physician who ever practised among these Indians, and for more than thirty years he rendered them valuable service in the name of humanity, which they highly appreciated. In the contest between the Cherokees and the Government of Georgia, which resulted in their removal to the west of the Mississippi, Dr. Butler and other missionaries espoused the cause of the Indians, and suffered for them imprisonment, from which he was finally liberated after a decision in his favor in the Supreme Court of the United States. Dr. Butler devoted his life to the cause of religion and humanity, and died as he had lived—a Christian.

Died, at Morris, Otsego Co., N. Y., on the 7th of March, Wm. Yates, M. D., aged 90. Dr. Yates was a native of England, studied under Sir James Earle, attended Abernethy's first course of lectures, and being of a remarkably benevolent disposition turned his attention to the treatment of the insane. Circumstances soon led him to come to this country, and it is claimed that he first introduced vaccination into the United States, having procured of Jenner a supply of virus.

SELECTIONS.

Retained Placenta.—Dr. Putnma, speaking of retained placenta (Boston Society for Medical Observation), thought that bleeding was a much more prominent symptom than pain. He had recently succeeded in removing, by means of ergot, a placenta which had been retained for two months. Generally speaking, it is very difficult to effect the removal by means of forceps, unless the placenta is very near the os uteri, and when in this locality it will sometimes melt away.

Dr. E. H. Clarke thought it much better, in the management of cases of this nature, to employ ergot, or plugging the vagina, rather than traction. He reported a case, where a woman aborted at three months' term. The fœtus came away, leaving behind it the placenta and membranes. No flowing ensued, and no result was obtained from use of ergot. He ordered perfect rest, and to be sent for if there was any hemorrhage. The next day the patient took the cars, and went forty miles into the country, where she made a visit of ten days' duration, walking and riding about; she then returned to the city. A fortnight after abortion, Dr. C. was suddenly summoned to the patient, whom he found flooding so excessively that her sight was gone, and her life in imminent danger. He immediately plugged the vagina; at the end of forty-eight hours, on withdrawing the plug, the placenta followed it. The woman recovered. In this case there was no pain, from the delivery of the fœtus to the commencement of the hemorrhage. Ergot was administered, both in powder and in the form of the saturated tincture; it was not persevered in, because of its non-retention by the stomach.

Dr. Herrick related a case where he was called to a young woman, six months advanced in pregnancy; she had a slight uterine hemorrhage. He put her on her back, and administered morphia. Six hours afterwards, at a second visit, she was sleeping quietly; in the course of the night she miscarried, but remained comfortable until the next day, when severe flooding commenced. Dr. H., on being called, found the os contracted on the placenta. He immediately plugged the vagina, and allowed it to remain undisturbed for twenty-four hours. On removing the plug, at the expiration of this time, the placenta was in the vagina. There was no further trouble.

Dr. Alley mentioned a case similar to the one reported by Dr. Clarke; by the end of the third day all the secundines were thrown off together, under the influence of ergot.

Dr. Buckingham spoke of the management of retained placenta, and referring to the use of ergot, he called attention to the work of Murphy on Obstetrics, approving of the distinction, drawn by him, of the two classes of cases in which ergot should be given or not. In full-blooded and strong patients it induces muscular contractions. Where feebleness and bleeding exist, it is apt to produce a depression of the heart's action. From this effect, many always combine camphor with it. Murphy advises the previous

administration of opium, but as opium itself has similar effects, it should be employed with great care. Dr. Buckingham asked Dr. Putnam his opinion as to the safety of plugging the vagina in a miscarriage at five or six months' period, with placental retention.

Dr. PUTNAM thought that there was no danger; he looked upon it as the best practice, and in twenty-four to forty-eight hours the placenta will be expelled. He had even known of plugging at full term, when there was severe hemorrhage, with great benefit. Dr. P. commonly employs sponge for this purpose, which has previously been soaked in a solution of alum, which has the double advantage of making a firmer clot and preventing annoyance from the decomposition of the fluids.

Dr. J. P. REYNOLDS approved of the India rubber vaginal plug. This consists of two thin sacs, each of which is provided with a slender tube about eight inches long, on the end of which is a metallic coupling with a stopcock. One of the sacs is introduced into the vagina, and distended to any required size by means of air, or fluids as preferred, driven through the connected tubes from the other sac by the pressure of the operator's hand.

Dr. Buckingham thought the chief objection was found when it is wished to remove a part of the plug only, so as to manipulate with instruments.

Dr. ELLIS had seen in Vienna a somewhat similar plug used, the difference being that the connecting tubes of the sacs were metallic instead of India rubber, and thought that it was better on this account; by means of the inflexible tube the plug could be better retained in place, when expulsive efforts of the vagina exist.—*Boston Med. and Surg. Journal.*

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Does Ergot, when administered during Labor, injure the Fœtus?—Dr. R. U. West has, in the *Medical Times and Gazette*, tabulated sixty-nine cases of labor, in which ergot of rye was administered. The following are a portion of his remarks in relation to this question:—

With reference to the probability of the ergot causing the death of the fœtus, I may observe that, in the whole number of 69 cases, there were 9 stillbirths, viz., in cases 2, 5, 16, 19, 23, 33, 39, 56, 67. All the other children were born more or less lively and vigorous. Of case 25, where the fœtus survived its birth only half an hour, I ought to observe that the mother usually gave birth to stillborn or similarly feeble children. Certainly, her three previous children were in this condition, no ergot having been given. From this list of 9 stillbirths we may at once exclude cases 19 and 33, the putridity of the fœtuses in these two cases having proved that they had died some days before the commencement of labor. Cases 5 and 39 were attended with considerable hemorrhage during or immediately preceding the labor, a circumstance of itself quite sufficient to account for the death of the children. In case 67 the death of the child was undoubtedly caused by pressure on the funis during the difficult delivery of a hydrocephalic head in a case of feet presentation. Four stillbirths remain to be explained, viz., in cases 2, 16, 23, and 56. Do the cases just referred to, when compared with the large number in which, under all sorts of unfavorable circumstances, and with a duration of the labor process, under the influence of the ergot, varying from a quarter of an hour to three and four hours, the fœtus was born lively and vigorous, prove anything whatever against the ergot of rye? I certainly think not.—*N. Y. Journal of Medicine.*

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A case proving that Menstruation is not only Ovulation, with or without a sanguineous discharge; but that it is, also, the periodical exfoliation of the mucous membrane of the body of the uterus. By D. WARREN BRICKELL, M. D.—About six months ago, I was performing an autopsy in the dead-house of the Charity Hospital. On an adjoining table lay the body of a stout young female, who was said to have died of disease of the heart. She had died a few hours previously, and was still quite warm. The thorax and abdomen

were laid open. The body had been abandoned, and curiosity led me to examine the internal organs of generation. The uterus and appendages had been cut from the pelvis, and the anterior wall of the organ had been laid open. The parts had been thrown aside as possessing no especial interest. The moment I saw the organs I was struck with their being highly engorged with blood, and the uterus was considerably larger than usual. The pelvis was filled with blood which had flowed from the vessels when the organs were detached. The next thing that attracted my attention was the most palpable specimen of *recent* corpus luteum in one ovary. The corpus was large and prominent, and the depression on its centre, exhibiting the point of escape of the ovule, was evident beyond all cavil. In this same ovary one other Graafian vesicle seemed fully matured, the parts surrounding it being highly congested, but the ovule had not escaped. The other ovary was generally congested, but there appeared to be no mature Graafian vesicle.

But the most interesting feature in the case, was the *complete absence of the lining membrane of the cavity of the body of the uterus.* The moment my eye alighted on the inner surface of the organ, I recognized the woodcut of Tyler Smith, in the May, 1856, number of the *Lancet* (Amer. edition), representing the inner surface of the uterus of a woman who died of apoplexy during the catamenial flow. Nothing could have been more striking than this resemblance; and if I had ever been skeptical in relation to the observations of the author, I was now bound to admit his accuracy. Down *to the os uteri internum* the mucous membrane was gone, and the inner surface of the organ rough, with innumerable blood spots scattered over it. All *below* the os internum was smooth, and in every respect natural in appearance. The difference in sensation conveyed to the finger by touching the two surfaces was as palpable as the impression conveyed to the eye.

The only doubt now remaining about the case was, whether it might not be a uterus which had very recently been delivered of an early ovum. More extended examination, however, proved clearly that this was not the case. The vagina was very small, and its mucous membrane highly corrugated; and there was a well defined hymen. To add to this, the mammæ showed none of the changes generally produced by early pregnancy.

The subject was, to all appearance, about eighteen or twenty years of age, and quite robust. She was the subject of anasarca to a considerable extent, and was said to have died very suddenly—her death being attributed to disease of the heart. I tried to get a more accurate history of her from the nurse of the ward in which she died, but, as is too often the case, she only knew that such a woman had been in the ward, had lived, and then had died.

Tyler Smith says, "According to my view, the mucous membrane of the uterus becomes excrementitious every month, and is discharged from the cavity of the uterus in a state of disintegration, and the uterus forms a new mucous coat, by a process similar to the reproduction of lost parts." Coste and others speak of the exfoliation of the mucous membrane of the uterine cavity under certain circumstances; but, so far as I am aware, Tyler Smith is the original advocate of the theory above laid down. After reading all the observations I could procure on this interesting subject, I was altogether inclined to adopt this theory, and the case I have thus described only the more strongly tends to prove its correctness.—*N. O. Med. News and Hosp. Gaz.*

The Use of Perchloride of Iron as a Hæmostatic. By M. Maisonneuve. (From *Med.-Chir. Rev.*)—A correspondent of the *Moniteur des Hôpitaux* (1856, No. 24) states that one of the principal elements of his success in the difficult and dangerous operations M. Maisonneuve is famous for undertaking, is the remarkable use he makes of hæmostatics during their performance. He cites a recent case, occurring in a lad of sixteen, of fungous tumor of the

dura mater, the growth of which, after having been temporarily arrested by ligature of the carotid, took on enormous proportions, and was accompanied by exhausting hemorrhages. M. Maisonneuve determined upon its removal, but the tumor bled on the slightest contact, and the patient would not be able to bear the slightest loss of blood. The line of incision extended from the anterior parts of the ear to the summit of the head, and, descending along the nose, was carried backwards, and then upwards to the base of the jaw, and its point of departure. A great number of arteries were thus divided, five or six of which, by reason of their anastomotic enlargement, had acquired almost the size of the radial artery. Intelligent assistants immediately compressed them with the finger, but it was impossible to thus continue the dissection without exposing the patient to the danger of death from syncope. M. Maisonneuve therefore applied to each vessel a little pledget of charpie, soaked in perchloride of iron, which was allowed to attach itself to the wound. At every stroke of the bistoury or scissors he applied a new plug, so that during the operation the patient scarcely lost a spoonful of blood; and when the tumor had been entirely removed, the entire surface of the wound was found completely dried and tanned, and was at once dressed, without the necessity of the application of a single ligature. The brown eschar which covered the wound was detached about the twentieth day, without giving rise to any hemorrhage; and although the cure can scarcely be expected to prove radical, the patient for the present is perfectly well.

[Dr. Morton Dowler, in a late number of the *New Orleans Medical and Surgical Journal*, reports his success in checking hemorrhage following the extraction of a tooth, after all the usual means had failed. After applying the actual cautery twice, Dr. Dowler on the twelfth day of the hemorrhage used the perchloride. The bleeding returned three days afterwards, but was permanently checked by the use of the styptic, both internally and externally. Dr. D. has also found this agent very useful in obstinate cases of menorrhagia, an injection being used of one drachm of the perchloride to an ounce of water.—*Editor.*]—*Virginia Medical Journal.*

Perchloride of Iron.—In our last No. we alluded to the powerful action of this agent as a styptic, and notwithstanding the blunder of the printer, we doubt not our testimony was regarded as highly favorable to it. About ten days since, we had another opportunity of testing its valuable properties. A patient entered the Commercial Hospital, with an extensive wound of the larynx. Severe inflammation followed, and the obstruction arising from the tumefaction of the adjacent parts rendered, on the seventh day, an opening into the trachea necessary. In dividing the inflamed coverings of the trachea, the parts bled very freely. Dr. Sharpe, the house surgeon, followed our knife with a sponge saturated with the perchloride, which at once arrested the hemorrhage. The value of the perchloride, under such circumstances, cannot be too highly estimated.—*Western Lancet.*

Alkaline Method of Treatment in Acute Rheumatism. By James Graham, M. D., Prof. of Materia Medica and Therapeutics in the Medical College of Ohio.—Dr. John H. Griscom, one of the Physicians to the New York Hospital, has recently presented to the profession the results of his experience in the treatment of acute rheumatism by the alkaline method, and these results correspond so closely with my own at the City Infirmary, during my late connection with that Institution, that I venture to offer a few general remarks on the subject.

Dr. Griscom's statistics comprise twenty-six cases, and the average time that his patients were under treatment was about thirteen days; the duration of the whole attack averaging about twenty-one days. Dr. G. asserts, that under the most improved plans of treatment heretofore pursued, the average

duration of treatment has been about six weeks. There is one point to which this physician particularly alludes, in which his experience is strongly corroborated by my own, viz., the freedom from cardiac and other complications which attended the alkaline treatment. In not a single instance did such complication manifest itself after the patient's admission into the Hospital, and the testimony of the other physicians of the Institution establishes the same fortunate exemption.

I was first led to try the alkaline method by the perusal of Dr. Henry William Fuller's most excellent work on rheumatism. Dr. Fuller, as many are aware, maintains that in acute rheumatism the blood is contaminated by a poison, "which is at once the source and maintenance of the mischief;" and he further asserts (p. 73), that this *materies morbi* is an acid, or an acidulous compound, which can be eliminated only by a free exhibition of alkalies and neutral salts. He admits, however, that purgatives, sudorifics, and diuretics, by promoting the various excretions, may assist in accomplishing the object, yet alkalies are essential to prevent the further formation, and to effect the elimination of the morbific element. The remedy preferred by Dr. F., is the potassio tartrate of soda, which is readily decomposed in the stomach, acts quite as energetically, and is much better tolerated than corresponding quantities of the alkaline carbonates. Dr. F. made some experiments to determine the efficacy of impregnating the joints affected with alkaline matter, and though these were not sufficiently extensive to enable him to form a positive opinion, yet, on the whole, they "proved extremely satisfactory." The most serious complication of acute rheumatism, it is needless to add, is heart disease. The frequency with which this occurs, may be inferred from the statistics collected by Dr. Fuller, during the period he held the office of medical registrar at St. George's Hospital, London, viz., from the 1st of January, 1845, to the 1st of May, 1848. Of 379 cases observed by him, embracing all the examples of acute and subacute rheumatism admitted, the heart was healthy in 160 instances, in 32 *probably* healthy, while in 187 it was temporarily or permanently deranged to a greater or less extent. These statistics certainly present a most formidable aspect, as some form of disease existed in about half the cases. Now, to preserve the heart from mischief, according to Dr. Fuller, it is necessary not only to take precautions against inflammation, but to maintain the solubility of the fibrin of the blood, and, for this purpose, I am satisfied we must rely on the free administration of alkalies and the neutral salts—the experience of Dr. Fuller, Dr. Griscom, as well as my own, having satisfactorily shown that they surpass all other agents in preventing fibrinous deposits on the valves. Dr. Griscom administered the sup. tart. pot. et soda in drachm doses every hour, and ordered an anodyne lotion of carb. potas. and tinct. opii to be applied to the joints affected. Alteratives and evacuants preceded the employment of these remedies, according to the indications presented. The severity of the symptoms was found to diminish as the urine became less acid.

I am aware that Dr. Roderick Macleod, who, at the time of the publication of his work on rheumatism (1842), was also physician to St. George's Hospital, has given the results of his experience in the treatment of rheumatism, based on 400 cases attended by him in his public capacity, and that he claims in favor of the bloodletting and purging treatment the average duration attained by Drs. Fuller, Griscom, or myself. For example, of 266 cases, 148 were discharged cured within a month, 110 within a fortnight, and 60 within eight days. Dr. Hope asserted, that under a similar method of treatment, in his practice, the cases were exceptional which were not cured within a week. Dr. Corrigan, with large and repeated doses of opium, cured his cases in nine days. Bouillaud, by copious and repeated abstraction of blood, required from one to two weeks for the same purpose, and yet, if report be true, he lost six out of eighteen patients from cardiac disease.

But I have extended my remarks beyond the limits which I proposed. My

only object, in offering a few observations on the alkaline method of treatment, is to bear my humble testimony in its favor, fully believing, as I do, that it is capable of effecting a more speedy and perfect cure than any other plan that has ever been adopted. To those who are skeptical on the subject, I would recommend the study of the facts collected in Dr. Fuller's treatise. In this a comparative view may be taken, which, in my opinion, must satisfy every unprejudiced mind. It will there be found, that the boasted success of the authors whom we have mentioned, admits of considerable qualification, and is in reality less than has been asserted.—*Western Lancet.*

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Juice of the "Houseleek" Curative of Warts.—The following facts were lately stated to us by Dr. W. W. Codman, of this city. One of his children, a boy of 5 years, had an abundant crop of warts upon the face and hands. All the usual means were unavailingly and perseveringly tried for their removal. Lunar caustic, and even excision, wholly failed to eradicate them. By casual recommendation, the juice of the common houseleek (*Sempervivum tectorum*, said to grow abundantly among us) was applied to the warts a few times, with the result of causing their entire disappearance in a very short time. So manifest was the action, that no one could refuse to assign the credit of the cure to the juice of the plant used. Should this be found successful on renewed trial it will certainly be a very valuable, as well as a simple, and easily procured remedy.—*Boston Med. and Surg. Journ.*

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Diminished Frequency of Croup.—Dr. Kuttner (*Journ. fur Kinderk.*), physician to the Children's Hospital at Dresden, observes, that while Golis, at the commencement of the century, met with 1,663 cases within five years, and other practitioners regarded it as the most frequent of children's diseases, the number of cases seems, during the last thirty years, to have undergone great dimunition. In the Dresden Hospital, among 13,120 patients, during the twenty years, only 33 cases (21 boys and 12 girls) have occurred, *i. e.*, 1 in 400, although inflammatory diseases of the respiratory organs are of common occurrence among the Dresden population.—*Boston Med. and Surg. Journ.*

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Suits for Malpractice.—We had collected quite a number of articles on this subject, intending to make a summary of them for our pages, but have not been able to find room for them. In the mean time, we avail ourself of the following partial summary of those we had collected, which we find in the *Medical News.*—[Ed. Med. and Surg. Reporter.

In a recent number of the *Boston Med. and Surgical Journal* (March 13th), we find a notice of a case of malpractice, tried in January last, in the Supreme Court of Massachusetts, before Judge Bigelow. The history of the case is as follows: M. L. Noyes, of Acton, while pursuing his business as peddler in Lowell, was thrown from his sleigh, being turned over upon the frozen ground, which was covered with a light fall of snow. He was carried to the Washington House, when Dr. N. Allen was called, who, after making such examination as he thought necessary at the time, occupying from ten to fifteen minutes, stated that he thought no bones were broken; but finding him cold, faint, and suffering from a violent shock to the whole system—complaining of his right side being injured, more particularly his hip, elbow, and shoulder—directions were given to get him warm, put his feet into warm water, rub him thoroughly, and apply hot spirits and wormwood to the injured parts. There was some difficulty in the use of the arm—supposed to arise from laceration of the ligaments in the elbow-joint, as no fracture was detected in making the natural movements of rotation and flexion. Dr. A. called the next morning (the previous visit being made the night before), and, on the first inquiry, was assured by the patient that he

was much better, and he thereupon, without asking any examination of the arm, or further treatment, paid and discharged his medical attendant. The next time the physician heard of the case—having no suspicion but that this stranger had perfectly recovered and was about his usual business—was nearly three months afterwards, when a suit for "breach of contract" was served upon him, claiming damages to the amount of $5,000 for a broken arm.

After occupying the court five days, a verdict of *entire acquittal* was rendered.

This makes the fifth case of mal-practice which has been tried in the courts of Middlesex County, within six years, and the following summary is given of them:—

"In the case of Dr. Peter Manning, of Lunenburg, at the first trial the jury returned a verdict of $362 50 damages against him, which was set aside by the whole court as against the weight of evidence, Judge Shaw giving a carefully prepared opinion. Notwithstanding this, the jury at the next trial gave a verdict of $100, which was also set aside by the whole court, and for the same reason; whereupon the counsel for both parties agreed to drop the suit.

"In the case of J. T. G. Leach, of Lowell, the jury did not agree on the first trial; but, at the second, brought in a verdict of $300 damages. But this verdict was set aside by the whole court as being against the weight of evidence, and the defendant, rather than have the trouble and expense of another trial, settled the matter by paying the other party something towards the costs.

"On the first trial of the case of Dr. Joseph Kittredge, of North Andover, the jury returned a verdict of $1,675 damages, which was also set aside by the whole court, being considered against the weight of evidence. At the second trial, the jury disagreed, and the defendant then compromised the case by paying something towards the costs.

"The fourth was that of Dr. Bartlett, of Somerville. On the first two trials the jury did not agree; but at the third trial, *acquitted him*—thereby throwing a heavy bill of costs upon the prosecuting party.

"Thus in these five cases, four verdicts were returned; and all, after careful examination, were set aside by the whole court, showing that the jury must have been clearly mistaken in the evidence, or were influenced in their decisions by prejudice. In four instances the jury did not agree; and in only two did they return an acquittal. The whole expense of these cases probably has exceeded $10,000—most of it paid to counsel. *None of the plaintiffs in these cases have received a single cent, but made for themselves, as well as the defendants, a heavy bill of costs.* This is surely not very profitable litigation to the parties most immediately concerned."

Legal Robbery of a Physician.—We find the following statement in a late No. (Jan. 1856) of the *New York Medical Times.*

"We have heard recently of an instance, in a neighboring State, in which a large stone fell upon the arm of a man and crushed it to such a degree that the first question was as to the propriety of primary amputation. It was decided, however, to attempt to save the limb, and the attempt proved successful, though of course not without deformity. But the natural bone-setter, Dr. Sweet, testified that he was always in the habit of curing such cases without deformity; and the judge being a warm admirer of Dr. S., a verdict was obtained against the surgeon for mal-practice, contrary to the opinions given in court by some of the leading physicians in the vicinity, and while he was really entitled to credit for saving the limb in a condition to be of considerable use to the patient."

Marine Court.—Before Judge Maynard.—Courtney *vs.* Henderson.—The plaintiff is 57 years of age, of good habits, has worked as foreman for ten years for Messrs. Pollard, up to last December, when he quit with bad eyes;

went to the Eye Infirmary; remained there from six to eight weeks, when he was induced by a friend of the defendant to leave the Eye Infirmary and put himself under the defendant's treatment. There had been a gradual improvement of his eyes from soon after he entered the Eye Infirmary until he left, and that improvement continued for two or three weeks after he left—no doubt being the result of the treatment he received at the Eye Infirmary—when they began to grow worse. He continued under the defendant's treatment until July (about three months), and the defendant performed an operation on his eyes, and put some kind of a powder into them.

When he first put himself under the defendant's treatment he could go there alone; he soon became so blind that he had to be led there by a little boy. The plaintiff returned to the Eye Infirmary in July, but his vision was gone, never to return. Dr. Agnew deposed that he has no doubt the plaintiff's eyes would have got well if he had remained in the Eye Infirmary, or been under good treatment outside. Dr. Agnew and Dr. Buck, both holding positions in the Eye Infirmary—the only physicians who testified in relation to the treatment—have no doubt that the plaintiff's eyes would have recovered under proper treatment.

They both gave a history of their practice in diseases of the eye, which is different from the defendant's practice, as testified to and shown by a card, which is admitted to be his. The defendant offered to prove by a score of persons that they had had bad eyes, and been treated for them by the defendant and got well, or improved, which was ruled out by the Court. The defendant's counsel raised several points, but the second one is sufficient to state—"That an error in judgment is not malpractice."

The Court held that to be good law, when applied to a man skilled in anatomy, surgery, or physics, but that it had no application in this case; that the defendant, knowing nothing of anatomy, surgery, or physics, could have no judgment in the matter. The law contemplated a judgment founded upon skill and knowledge in these sciences.

That man who would hold himself out to the world as a doctor and an oculist without a diploma, without any knowledge of these sciences, and under such false pretences obtain a patient, and commence tinkering with the most delicate of all the organs, the eye, must be reckless indeed. An error in judgment, of a man skilled in a particular calling, is not malpractice, unless it is a gross error. But error in judgment, in a science, of a man unskilled in that science (if such a thing can be) is malpractice. In other words, a person attempting to practise, in physic or surgery, without first having obtained a knowledge of such science, is liable for all the damage that is the result of his practice. I have no doubt the plaintiff lost his vision through the defendant's treatment, and that the treatment was the result of ignorance on his part. Judgment for the plaintiff, $500; allowance, &c., $12.

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Influence of the Mother's Mind on the Fœtus.—It is yet an unsettled question to what extent impressions made on the mind of the mother can affect the fœtus in utero. We have ourselves met with two or three cases in which we were satisfied that the infant was "marked" in consequence of impressions made on the mind of the mother. One in particular occurred in our practice, some two years since, in which the infant was sadly disfigured by an apparent loss of a large portion of the nose. The mother, and others in the room, immediately attributed the disfiguration to the fact that a girl resided in the neighborhood affected with cancer of the nose, and whose face, with its deformity, seemed to be reproduced in the newly-born infant. The

infant lived but a few weeks, and seemed to die without any apparent disorder.—[Ed. Med. and Surg. Reporter.

Under the above title, we notice an article in the *Nashville Journal of Medicine and Surgery* for August, by Dr. T. G. Underwood, of Freemansville, Georgia, containing an account of three cases of deformity in infants, supposed to have been caused by sudden and powerful impressions made upon the mothers, while pregnant. The first case is quite extraordinary. A lady in Habersham County, Georgia, was delivered, at the end of the seventh month, of a child whose left leg was destitute of a foot and ankle, the stump appearing as if the limb had been amputated by a dull instrument, a short time previously; the bone protruded about an inch and a half, and appeared to have been broken off obliquely. The right leg "resembled in shape the fore leg of the opossum. The foot was turned inwards, and the toes were grown together to near their extremities, and were destitute of natural nails, but had claws precisely like those of the opossum. The ring-finger of the right hand was off at the first phalangeal articulation, and very much resembled the toe of the above-named animal, and on the extremity was a claw, like those on the toes. At an early period of her pregnancy, the mother had witnessed the killing of an opossum, one of whose fore legs was cut off with an old, dull axe, leaving the bone protruding. She was very much frightened at the time, but she "thought no more of it, or very little," until the birth of her child, which died two weeks afterwards.

The second case was that of a living child whose face "was the color of dense smoke, interspersed with red streaks. The globes of its eyes were in continual motion upwards and downwards, resembling the flickering of a candle. Its eyes were very much squinted, or presented the appearance of a person's eyes looking at a very luminous body." The mother described the deformity to her having witnessed the burning of a neighbor's house while she was pregnant.

In the third case, the mother expressed to Dr. Underwood, during her labor, her fears that the child was deformed. When born, the child presented the appearance of having been dead for some time. The mother being asked, before seeing it, why she expected it to be deformed, said that she had been frightened by an owl, during her pregnancy. Dr. Underwood "then examined the child, and found her fears verified. Its head was in shape like an owl's in full plumage," &c. &c.

We have quoted these three cases, because we believe that the question of the influence of the mental condition of the mother upon the physical condition of her offspring, especially in causing specific deformities, is not entirely settled; though, we doubt not, the great majority of medical men agree with the remark of Dr. Carpenter, quoted by Dr. Underwood, that "No soundly-judging physiologist of the present day is likely to fall into the popular error of supposing that 'marks' upon the infant are to be referred to some transient, though strong, impression upon the mind of the mother; but there appear to be a sufficient number of facts on record, to prove that *habitual* mental conditions on the part of the mother *may* have influence enough, at an early period of gestation, to produce evident bodily deformity or peculiar tendencies of the mind." We are disposed to go farther than Dr. Carpenter, and to agree with Dr. Underwood, that a sudden shock, even if of transient duration, may at times "exert an influence on the fœtus *in utero*;" but we believe that this influence is limited in its effects. It may cause the death of the child, or it may cause an arrest of development in any of its parts, of which a familiar example is the harelip; but that there is any necessary connection between the cause of the mental emotion and the nature of the deformity, we cannot for a moment admit. Still less do we believe that the most powerful maternal imagination can produce a *perversion* of the fœtal development, although it may retard or arrest that pro-

cess, either wholly or in part, thus producing various *bizarre* appearances, which, to those unacquainted with the successive phases of embryonic life, resemble various objects, animate and inanimate.—*Boston Med. and Surg. Journal*, Aug. 28, 1856.

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Case of Arrest of Development in a Child, caused by Mental Emotion in the Mother. By E. McGintie, M. D., of St. Louis.—An interesting question, not yet, I believe, decided by the profession, is, whether the nutrition of the embryo can be influenced by the mental or moral condition of the mother, so as to produce any personal peculiarity.

The following case embraces facts which appear to have relevancy in determining the question. On the twenty-fifth of February, I was called to a patient in labor, which terminated naturally, in a few hours; upon separating the child from the mother, and passing it to the nurse, I perceived upon the right side of the face, a deformity somewhat resembling harelip; the mother seeing that something attracted my observation, requested to look at the child, which being done, she exclaimed in an excited tone, "precisely the appearance of its father's face, after the injury of which he died, about nine months since"—"I could not have been in the family-way but a few days." Continuing to speak of the accident, she informed me that a large log had fallen on her husband, inflicting a severe injury, of which he died in about twelve hours, during which time she sat by the bed removing the blood as it passed from a wound on the face. Realizing that she was about to become a widow, with a large family of children, the anxiety of her mind was very great, and continued for a long time afterwards.

The malformation consisted of a fissure in the superior maxillary bone of the right side, in which the soft parts were involved. The upper lip was separated about half an inch, with a contused and lacerated appearance. The nose, with all the parts, was depressed much below those on the opposite side. The deformity suggested the idea that the parts had been brought into their condition by the application of force. Another interesting fact was observed in connection with the case. The child had on the back part of its head another deformity, which the mother said corresponded in situation and appearance with one upon the father. If this woman is to be credited, and she appears to be a person of a good deal of mind and quite respectable, the preceding facts do appear to prove that painful impressions made upon the mother's mind, and continuing through pregnancy, do have an influence in producing personal peculiarity in the embryo.—*St. Louis Med. and Surg. Journ.*, May, 1856.

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The Ready Method in Asphyxia. By Marshall Hall, M. D., F. R. S., etc. —A young friend of mine has proposed to designate the postural treatment of asphyxia the *ready method*, no apparatus of any kind being required. I have adopted the suggestion.

Several important additions and improvements having been made in this mode of treatment, I think it right to lay the last and best form which it has assumed before your readers.

It will be obvious to all, that our main objects are to renew inspiration and improve the circulation. Our *means* are physiological and physical; our rules as follow:—

All obstruction of the glottis being removed by placing the patient in the *prone* position, in which any fluids and the tongue itself fall forward (*Rule I.;*) our *first* effort is to *excite* respiration physiologically (*Rule II.;*) our *second*, if this fail, is to *imitate* the acts of respiration mechanically (*Rule III.;*) our next object is to endeavor to improve the circulation, which is done by promoting the flow of the venous blood, and to restore warmth in the limbs (*Rule IV.;*) we again, as we proceed, revert to the physiological principle of *exciting* respiration from time to time, (*Rule V.*)

RULES.

1. Treat the patient *instantly, on the spot,* in the *open air,* freely exposing the face, neck, and chest to the breeze, except in severe weather.

2. Send with all speed for medical aid, and for articles of clothing, blankets, etc.

I.—To Clear the Throat,—

3. Place the patient gently on the face, with one *wrist* under the forehead;

[all fluids and the tongue itself then fall forward, and leave the entrance into the windpipe *free.*]

II.—To Excite Respiration,—

4. Turn the patient slightly on his side, and
   (i.) Apply snuff or other irritant to the nostrils, and
   (ii.) Dash cold water on the face previously rubbed briskly until it is warm.

If there be no success, lose no time; but,—

III.—To Imitate Respiration,—

5. Replace the patient on his face;

6. Turn the body gently, but completely, *on the side and a little beyond,* and then on the face, alternately; repeating these measures deliberately, efficiently, and perseveringly, fifteen times in the minute, *only;*

[when the patient reposes on the thorax, this cavity is *compressed* by the weight of the body, and expiration takes place; when he is turned on the side, this pressure is removed, and inspiration occurs.]

7. When the *prone* position is resumed, make equable but efficient *pressure along* the spine; removing it immediately before rotation on the side;

[The first measure augments expiration, the second commences inspiration.]

IV.—To Induce Circulation and Warmth,—

continuing these measures:

8. Rub the limbs *upwards,* with *firm pressure* and with *energy,* using handkerchiefs, etc.

9. Replace the patient's wet clothing by such other covering as can be instantly procured, each bystander supplying a coat or waistcoat.

Meantime, and from time to time,—

V.—Again,—to Excite Inspiration,—

10. Let the surface of the body be *slapped* briskly with the hand; or,

11. Let cold water be *dashed* briskly on the surface previously rubbed dry and warm.

The measures formerly recommended and now rejected by me are—removal of the patient, as involving dangerous loss of time; the bellows, or any *forcing* instrument, and the warm bath, as positively injurious; and galvanism and the inhalation of oxygen, as useless.

The inhalation of dilute pure ammonia has in it more of promise.

For the treatment of stillborn children, excitement of the skin, the alternate cool and hot bath (the temperature being 60° and 100° Fahr.), postural respiration, and rubbing with pressure upwards, are *the* remedies: but I propose to treat this subject more at length hereafter.

October, 1856.

The Treatment of Asphyxiated Newly-Born Children.—To the Editor of the Lancet:—Sir.—I think it may be well to add the subjoined interesting case

to those you have been recording. Already four cases of the restoration of the stillborn, and two of drowned persons, in a state of hopeless asphyxia—hopeless under four modes of treatment—have occurred within a few months!

I am, sir, your obedient servant,

MARSHALL HALL.

December, 1856.

Southport, Dec. 15th, 1856.

Dear Sir:—Every one having a just appreciation of scientific research, ought to make known the results of his experience bearing direct evidence upon the truthfulness of new discoveries.

I feel sure that no one will dispute that Science and Humanity owe much to you for the discovery of the new mode of treating asphyxiated persons, whether by drowning or otherwise. With this idea, I beg to forward the subjoined case to you, not only to bear testimony to the general truthfulness of the theory, but to give you well-merited satisfaction.

I was called to see Mrs. H——, in labor of her first child, on the evening of the 12th instant. The pains continued through the night, and about 8 o'clock the following morning I found it necessary to administer chloroform, the pains were so agonizing. A large child was born by natural efforts at half-past nine, A. M., in a state of complete asphyxia, and the head greatly compressed. After dividing the cord, I proceeded to try your method of establishing respiratory action. I turned the child gently over on the face, rolled it over on the side, and a little beyond, using gradual pressure on the lateral aspect of the chest, back again to a prone position, and so on, about twenty times in the minute. I did it thus frequently because infantile respiratory acts are more rapid than those of the adult. I dashed cold water on the face and chest, slapped the region of the diaphragm with the hand, etc.

After some time the child began to show signs of respiratory power, feeble enough at first, but gradually becoming strong.

I am persuaded this will soon supersede the other method, which I have always considered most unscientific and clumsy; but which, for want of a better one, I have hitherto adopted.

Your method is most easily and readily performed; no time is lost in preparing a hot bath, etc., or in poking the stem of a tobacco-pipe, or the pipe of the bellows, into the child's mouth—a most barbarous and uncertain way of inflating its lungs, and quite as likely to inflate its stomach instead.

I leave it to your own feeling to publish this or not; you are at liberty to do so if you think proper.

I am, sir, yours truly,

G. B. BARRON.

Marshall Hall, M. D., F. R. S.

P. S.—I have the satisfaction of adding a *fifth* case of recovery in the stillborn infant, I trust in time to be appended to my communication of yesterday. M. H.

December 22d, 1856.

Carlton street, Nottingham, Dec. 21st, 1856.

MY DEAR UNCLE:—* * * * * * Early this morning I attended a lady in her confinement. The presentation was a breech one, and there was much and unavoidable pressure upon the umbilical cord, which ceased to pulsate a quarter of an hour before the infant was born. When born the child was quite livid, without perceptible movement of the heart: indeed, to all appearance it was dead, and under ordinary circumstances I should not have entertained the slightest hope of its resuscitation. By adopting your method, I had the great satisfaction of seeing it fully restored to life in

about twenty minutes, when it cried lustily, the nurse and friends being amazed at the result. Being the only son in a large family of daughters, the parents' delight was proportionately great. I explained to the father that he had to thank you for a living son.

Believe me, my dear uncle,
Your affectionate nephew,
MARSHALL HALL HIGGINBOTTOM.

Dr. Marshall Hall.

The Rationale of the Fatal Tendency of the Warm Bath in Asphyxia.—To the Editor of the Lancet:—SIR.—There is a physiological relation between the circulation and the respiration, any deviation from which, in either direction, is of a fatal tendency.

During the systemic (not the pulmonic) circulation, carbonic acid is formed; in respiration, the oxygen necessary for the formation of this carbonic acid is supplied, and the carbonic acid so formed is evolved from the system.

The immediate baneful effects of the suspension of respiration arise from the privation of oxygen, and from the retention of the carbonic acid previously formed, which becomes a blood-poison.

An animal placed in perfectly *pure nitrogen* or *hydrogen* gas dies in violent convulsions instantly. And this is doubtless owing to the privation of oxygen, for carbonic acid might be exhaled into nitrogen or hydrogen gas.

But an animal dies also in air consisting of such a proportion of *carbonic acid with oxygen*, as to prevent the evolution of carbonic acid from the blood, although the quantity of oxygen might be so great that a taper blown out, and burning only as a *spark*, would be instantly kindled into *flame*.

If without producing effects so sudden as those described, we change the relative proportion of the respiration and the circulation, morbid phenomena are produced special to each case. If the circulation be disproportionately augmented, carbonic acid is formed, and being morbidly retained, slighter convulsion and slower death ensue. If the respiration is unduly and disproportionately augmented, the animal is *cooled;* for mere *pulmonary* respiration is a cooling process, by the difference of temperature of this *in*spired and *ex*pired air, and in this case also the animal dies, but now from loss of temperature.

This latter is the case in the asphyxiated patient, if the respiratory movements be unduly hastened—that is, disproportionately to the rapidity of the remaining circulation.

On the other hand, if in the asphyxiated we excite the circulation, without simultaneously and proportionately inducing the respiratory movements, we destroy our patient by carbonic acid, formed in the course of that circulation, and uneliminated by respiration.

This statement leads me to the proper subject of this paper—the Rationale of the Injurious and Fatal Tendency of the Warm Bath in Asphyxia: for it *is* injurious, and has, I am profoundly convinced, of itself proved fatal in cases in which the patient, without it, would have *spontaneously* recovered.

In such a case, it is surely not less essential to the progress of science and our art to remove error than to establish truth.

Warmth is so obviously a stimulus, and a stimulus is so apparently required for a patient taken out of the cold water in a state of asphyxia, that in recommending the warm bath we seem to be addressing ourselves to the common sense of mankind, and it was a step in advance to entertain a *doubt* on the subject.

But when we begin to experiment—when we learn that an animal deprived of respiration by being submerged under water, *lives longer* in *cool* water than in *warm* water, learn to consider whether in fact, coolness is not

more favorable to life in the asphyxiated from submersion, than warmth. We recall to mind, too, that animals bear the abstraction of respiration in proportion to their coolness: the hibernant animals and the batrachian tribes will scarcely drown at all. If a kitten be first cooled, or if it be immersed in cool water, it will not drown so soon as it would do if submerged at its ordinary temperature in water of the same temperature—facts established by Edwards, by M. Brown-Séquard, and myself, and witnessed by the Secretary of the Royal Humane Society, and by its superintendent in Hyde-park.

Thus, experiment is made to correct preconceived ideas, however apparently consonant with common sense.

There are other facts which point to modes of treatment of the drowned, which the administration of the warm bath necessarily excludes. If a poor creature be perishing for want of food, we cautiously administer food. If a man be, in like manner, perishing for want of air, should we not administer air? Is this not simple and reasonable? And in the case of drowning, is not the want of air the first condition to which we should bring succor, and the want of temperature the second or third? And should we not first administer to the first want? Then in the case of drowning, we should administer air first and warmth in the second place. But may not the warmth administered without air, do great absolute injury? It raises the temperature, and in so doing augments the necessity of respiration to life.

In the *first* place, if *any* effect be produced by the warm-bath, the circulation is accelerated. But to accelerate the circulation without inducing, at the same time, efficient respiration, is to augment the formation of carbonic acid—the *blood poison*—without its elimination from the system, and it induces, consequently, a fatal result;

Secondly, all *excited* respiration through the medium of the cutaneous excitor nerves is excluded, the uniform temperature of the warm-bath excluding the excitants of those nerves arising from the *alternate* application of *heat* and *cold* to the surface;

And, *thirdly*, *imitated* respiration is excluded by the very sustained position of the patient, excluding, as it does, alternate pronation and rotation, and pressure applied and removed, or changes of position and compression, which induce respiratory movements.

So that the warm bath is not only positively injurious by *poisoning*, but negatively, by excluding the de-poisoning process.

Lastly, the warm bath excludes those frictions of the limbs upwards, with pressure, which really constitute the most effectual means of promoting the circulation and warmth.

Nor is it unimportant to save the *time* expended in preparing the warm bath, or in carrying the patient to it.

And it is scarcely a minor point to direct *all our thoughts and energies*, undiverted, to *the* important remedies exclusively.

In conclusion, the warm-bath is of *doubly fatal tendency:* it is so in itself positively; and it is so negatively, by excluding every real remedy.

All have heard of the *Grotto del Cane*. The poor dog is put into the carbonic acid, and taken out asphyxiated. It is plunged—not into a *warm-bath*—but into the water of the adjoining *lago* Aguano, and taken out—restored!

I am, sir, your obedient servant,

MARSHALL HALL.

December 15th, 1856.

London Lancet, from N. O. Med. News, &c.

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Apl. 14, 1857.